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ABSTRACT

The School Health Assessment, Planning, and Evaluation Project (SHAPE) was a systematic survey to determine the health status of the New York City school population prior to a major reorganization of school health services planned for the 1984-85 school year. It comprised 6,282 pupils attending 12 public and non-public schools. Over 30 percent of children had conditions requiring referral for further diagnosis or treatment. Junior and senior high school students revealed in questionnaires a variety of health risk factors increasing markedly between grades seven and ten, including sex and venereal disease, and use of cigarettes, alcohol, and other drugs. More than half reported serious problems or losses in their lives during the past year and indicated a wish for classroom instruction in sexual matters. Eating habits were found to be less than ideal but similar to those of other American teenagers. Dental screening revealed a higher rate of untreated cavities than that in areas beyond New York City but also showed an overall reduction attributable to water fluoridation. The children were found slightly shorter and heavier than their peers elsewhere. This report includes methods, results, and appendices of statistics and forms used. (LHW)

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REPORT

of the

SCHOOL HEALTH ASSESSMENT, PLANNING, AND EVALUATION PROJECT

(SHAPE)

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New York City Department of Health
February, 1984

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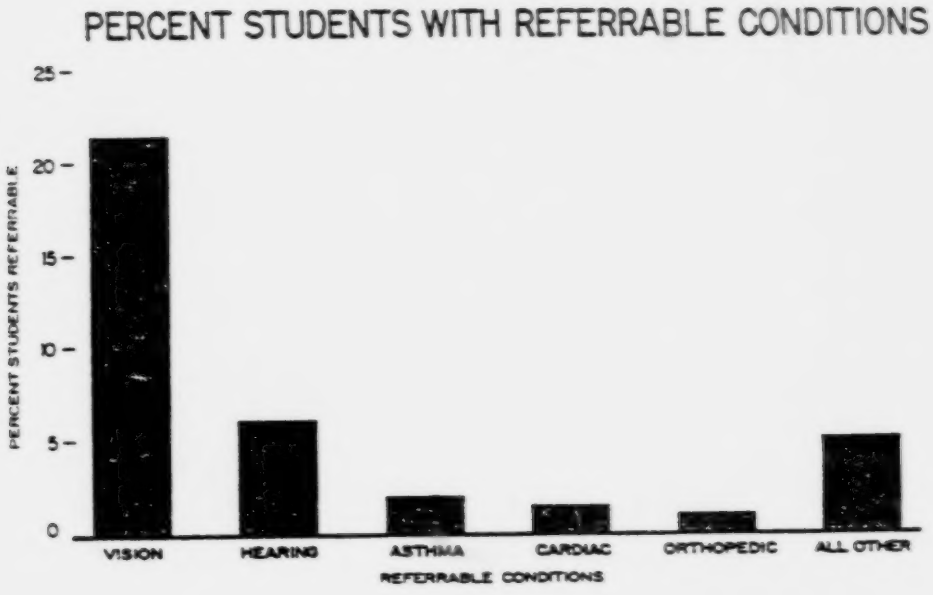
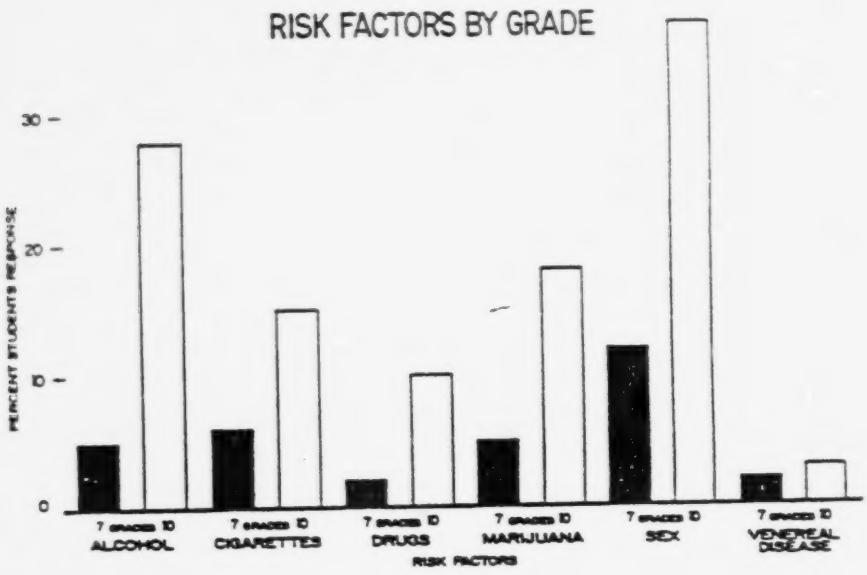
HIGHLIGHTS OF THIS REPORT

The SHAPE project was a systematic health survey of a representative sample of New York City school children, comprising 6,282 pupils attending 12 public and non-public schools.

- Over 30 percent of the children were found to have conditions requiring referral for further diagnosis or treatment. Failure to pass the screening tests for vision and hearing, or need for follow-up on vision and hearing defects, were the most common conditions, as seen in the figure below.



- A questionnaire administered to 1189 students in junior high and high schools revealed a variety of health risk factors, increasing markedly in frequency between the seventh and tenth grades. These findings are shown graphically in the second figure.



Nearly two-thirds of these young people reported that there had been serious problems or losses in their lives during the past year. One-third to one-half of them expressed a need for personal counselling in relation to both health and other life problems. Sixty percent indicated their wish for classroom instruction in the human body and in sexual matters.

- Another questionnaire showed the eating habits of seventh and tenth graders to be less than ideal (especially in the tenth grade), but similar to those of other American teenagers.

- Dental screening showed a relatively high rate of untreated caries in comparison to that of the New York-New Jersey-Pennsylvania area as a whole. However, the good effects of 16 years of water fluoridation in the city were seen in a 50 percent reduction in the overall caries experience of school children. Among young teenagers who have had the benefit of fluoridation all their lives, 12 to 16 percent are entirely free of caries, compared to 1 to 3 percent before fluoridation.

- Height and weight measurements showed New York City children to be slighty shorter and slightly heavier than their peers in the rest of the country.

- Less than one percent of the pupils showed evidence of anemia, and only three new cases of lead poisoning were found among more than a thousand children between the ages of 5 and 9.

The SHAPE findings have constituted an important element in the ongoing planning for a revised and expanded school health program.

INTRODUCTION

The SHAPE study was undertaken in order to obtain basic information about the current health status of the New York City school population. Such a systematic survey, with simultaneous measurement of many parameters, on a sample representative of the entire population, had never been done before, although partial and indirect information on various aspects of student health had been obtained in individual studies from time to time. Data were also available on other populations similar in age, but in other communities, with different ethnic mixes, or at some distance in time, so that they were not fully comparable. A major reorganization of the program of school health services was planned for the 1984-1985 school year, and documentation of the prevalence of significant health problems was considered an essential preliminary to this effort.

METHODS

Target Population: Selection of Sample

The vast majority of the New York City population between the ages of 5 and 17 (inclusive) attend public and private schools which receive medical services from the New York City Department of Health. Roughly one-fifth of these pupils attend Catholic schools; a relatively small number attend Jewish, Protestant, and other private schools. There are, in addition, many small private schools which provide their own health services and have no ongoing relationship with the Department of Health. Finally, about 1600 children are physically unable to attend school and are given home instruction from the New York City Public School System.

Table I (p. 21) shows the numbers and pupil registration of those schools receiving Health Department services, from which a study sample was selected.

The sample consisted of 12 schools. Nine were public schools: three elementary (grades K-6), three junior high (grades 6-8 or 7-9), and three senior high schools (grades 9-12). High, middle, and low socio-economic areas (based on local data) were represented at each school level. Three non-public schools were also included, two elementary (which in this system includes grades 1 - 8) and one senior high school (grades 9 - 12). Two of the 12 sample schools were in Manhattan; three each in the Bronx, Brooklyn, and Queens; and one in Staten Island.

Within the sample schools, grades K, 1, 3, 7, and 10, and any ungraded (special education) classes, were selected as the study population. This provided an overall study sample of 6282 children. The pupil registration by grade in the sample and in the total population is shown in Table II (p. 22).

Content and Methods of the Health Survey

The following is a general description of the methods used. Copies of more detailed written instructions provided to staff for certain screening elements are included in Appendix II (following the first blue sheet).

Height and weight measurements: The children's shoes and heavy clothing were removed. Height was measured against a rigid vertical rod attached to the scales, which were of the balance-beam type. The balance was checked before each child was weighed. This work was done by "public health assistants" (PHAs), who are semi-technical nursing aides, previously trained and experienced in such measurements with this age group. Every tenth child was independently re-weighed and re-measured by the nurse, who commented to the PHA on any discrepancy and gave any needed further supervision.

The "race" (ethnic group) of each child was also determined by the PHAs, based on inspection at the time of weighing and on a consideration of the surname. Children with Spanish surnames were considered Hispanic; if not Hispanic, the PHA made a judgment as to categorization under the headings White, Black, Asian, American Indian, or Unknown.

Vision screening: The Snellen distance and near vision screening tests were administered in the standard way, also by experienced PHAs; the Wirt fly test was used to test binocular vision. As with the height and weight measurements, every tenth child was re-tested by the nurse to provide ongoing quality control. Children wearing glasses were Snellen-tested both with and without their glasses; contact lenses, however, were not removed if they were being worn.

Audiometric screening: The MA19 unit was used for both sweep and threshold screening. Sweep screening was done by PHAs trained and experienced in audiometric screening; they were directly supervised by qualified audiologists, and every tenth child was independently re-tested by the audiologist. Children who failed the sweep screen received threshold testing by the audiologist. The rooms used for audiometric screening were not soundproof, but were carefully selected and judged by the audiologist to be adequately quiet for the purpose.

Children wearing hearing aids did not receive this screening.

Dental screening: The dental component of the SHAPE examination was done by Department of Health dental hygienists trained and experienced with this age group. Both they and the senior dentists who supervised them during SHAPE received special training for this project. Inspections were done with unmarred dental mirrors, sharp explorers, portable dental lights, and portable air compressors which enabled efficient drying of the teeth. X-rays were not used. Frequent random checks of the hygienists' work were made by the senior dentists.

Laboratory work (EP screening test for lead poisoning, done only for children in third grade and below; hematocrit test for anemia; measles antibody): All bloods were drawn by qualified laboratory personnel from the Health Department's Bureau of Laboratories, and all tests were run by the same Bureau.

Medical record review and physical examination: This was carried out by Health Department physicians (mainly experienced school physicians) or by pediatric nurse associates (PNAs), according to a standard Health Department protocol. The PNAs, who were also experienced in the school program, received consultation from the physicians as indicated.

In a few of the SHAPE sessions, there was insufficient physician time to allow review of all the records of children who were not actually examined; on these occasions, the nurse did the record review and made the necessary "clinician" notations.

Nurse conference: Each child participating in the SHAPE project (and the child's parent, if present) met with the school nurse following the examinations and screening tests to discuss the findings and make plans for any necessary referral and follow-up. Laboratory data, however, were not available at that time.

All abnormal findings noted during SHAPE, whether identified as a result of the SHAPE screenings or in the course of record review, were reported to parents by personal contact or letter from the school nurse. Follow-up activities will be continued via the ongoing school health program, on a priority basis, until documentation of appropriate medical care has been achieved.

Nutrition questionnaire: A written questionnaire concerning eating habits was completed by students in the seventh and tenth grades. This questionnaire, which was aimed at determining the frequency of intake of basic food groups, was developed by the Health Department's Bureau of Nutrition. It was administered in some schools by nutritionists from the Department; in others, it was administered by classroom teachers, with pre-orientation and backup consultation from the nutritionists.

Teen health questionnaire: For students in the seventh and tenth grades, a written questionnaire was administered by the school nurse, with careful emphasis on the privacy and confidentiality of the findings. The questionnaire was constructed by SHAPE staff, based originally on a draft

"Teenage Health Risk Appraisal" being developed by the Center for Health Promotion and Education, Centers for Disease Control[1]. Only selected questions from this document were used; the wording of many questions was changed; questions on drug use, sexual behavior, and school health services were added by SHAPE. The questionnaire in its final form reflected input from public and non-public school authorities, as well as from many Health Department offices. It was field-tested for comprehension with a group of about 25 youths in one of the Working Paper Clinics.

Referral study: After completion of the on-site SHAPE activities and preliminary analysis of the findings, a sample of 2536 school health records was recalled to the central office and independently reviewed by a special task force in order to determine more precisely the reasons for referral to a medical care resource.

Forms and Records

In addition to the existing forms and records used in the ongoing school health, dental, audiometric, and lead programs, a series of new forms was devised (several with more than one variant) for the special purposes of SHAPE. A copy of each is included in Appendix II.

Organization and Timetable

Definitive planning for the SHAPE project began in early May 1983. Following an unsuccessful attempt to obtain outside funding, five full-time and three part-time staff members were assigned to the program. By June, the basic outline and a tentative schedule of operations had been prepared. The school authorities (the New York City Board of Education and the Committee of Non-Public School Officials) were alerted to the proposed program and were included in the planning process from the end of June onward.

During the summer, the program content was finalized; reporting and consent forms were developed; field staff was identified; supplies were ordered; and a transportation schedule was arranged. The project was presented to, and approved by, the Project Review Committee (Board of Education) and the Committee for the Protection of Human Subjects in Research (Department of Health). School principals involved in

the study were notified through their respective agencies in late August; during September, nine centralized orientation and training sessions (one-half to one day each) were held with the various categories of staff.

After the initial orientation, plans were developed and implemented locally by Health Department teams working with the staffs of individual schools. The focus of this local effort was the "team leader", usually the nurse regularly assigned to the school. A typical team included four clinicians (physicians or PNAs), four nurses, three PHAs, one laboratory technician, one dental hygienist and one dental assistant, and an audiologist. One steady contact person was named by each school principal.

The field phase of the program ran from October 3 through November 16, lasting from 4 to 16 days in any one school. In the elementary schools, the entire series of screenings was usually done together over a period of days, a gymnasium or auditorium being set up with sequential stations each staffed by appropriate specialized personnel. In a few cases, however, the whole study population of a school was screened first for vision and/or hearing (and sometimes weighed and measured as well), so that only the laboratory work and the activities requiring professional staff needed to be done at the time when parents were present.

In the junior high and high schools, the nutrition questionnaires and the teen health questionnaires were separately arranged through the principal and were not necessarily administered at the same time as the rest of the SHAPE program, though in all cases they were given within two weeks of that time.

RESULTS

Percent Participation

As indicated above, the study population for the SHAPE project included a total of 6282 pupils. Full participation was reduced by a number of factors:

1. A written parental consent was required for those elements of the survey that are not routinely provided in the schools: the dental screening, the physical examination, the laboratory work, and the two questionnaires. An overall parental consent rate of 52 percent was achieved, varying from 30 percent to 88 percent in individual schools.

2. In two public junior high schools the teen health questionnaire could not be given because of administrative objection to its content; in one school this came from the principal, and in the other from the Community School Board.

3. Normal absenteeism reduced the numbers of children available for examination. Wherever possible, children absent on any given day were rescheduled for the missed activities later in the program.

4. In a few cases, scheduling conflicts made it impossible to include all children in each screening activity.

5. Seventh and tenth grade students were told that their participation in the nutrition and teen health questionnaires was voluntary.

The above factors explain why the number of children participating varies for each component of the SHAPE survey. Quantitative data are given in Tables III and IV, p. 23.

Parents were urged to be present at the time of the examinations, in order to provide a more detailed medical history, as well as to facilitate the initial counselling and follow-up work. Nearly 18 percent of parents did appear - 45 to 55 percent in the elementary schools, 18 percent in the junior highs, and 3.5 percent in the high schools. In some cases, no parent was present, no medical record could be located, and the child was too young to give a reliable history. In these situations, the only health status

information available was that derived from SHAPE itself, and it was necessarily incomplete. Thus, our figures undoubtedly underestimate the prevalence of some medical conditions.

Characteristics of the Study Population (Table V, p. 24)

Ethnicity: Nearly a third of the children participating in SHAPE were identified by staff as Hispanic, nearly a quarter as White, nearly a fifth as Black, and nearly a quarter as "Other" or "Unknown". Student absenteeism of 22 percent accounts for most of the "unknowns".

Sex: Fifty-two percent of participants were boys and 48 percent were girls.

Birthplace: Fifty-six percent of the children were born in New York City, 4 percent elsewhere in the United States, and 22 percent outside the United States. For 19 percent, no information was obtained on this point.

Medicaid Status: Attempts were made to ascertain whether or not the child's family was enrolled in Medicaid by requesting the Medicaid number on the consent form, inquiring directly of parents who came to the school for the examinations, and searching the school medical records. Definite evidence of Medicaid enrollment was obtained for 1415 children, which is 23 percent of the total. (From other Health Department sources we have an estimate that 32 percent of the child population is Medicaid eligible; and 32 percent of births in the City are paid for by Medicaid.)

Source of Medical Care: The nurse who gave the final SHAPE conference to the parent (or older child) inquired about the source from which medical care was usually obtained. Non-emergency and emergency care were separately asked about and separately recorded. If no parent was present and the child could not answer the question, the nurse searched the school medical record for evidence of the latest medical contacts, both emergency and non-emergency. Information on the medical facilities used was obtained in these ways for somewhat less than half the children; results are shown in Table VI, p. 25.

For non-emergency care, i.e. routine checkups and chronic or subacute problems, more than half the children whose source of care could be identified were seen by private physicians, 23 percent in hospital clinics, 14 percent in neighborhood health

care centers, and 9 percent in a medical group. In emergency situations, 58 percent were cared for in emergency rooms and 21 percent by private physicians; 14 percent gave hospital clinics as the source of emergency care.

Height and Weight Measurements

A total of 4737 children (2403 boys and 2334 girls) were weighed and measured. The readings for each child were classified in relation to standards derived from the HANES study[2], which are based on the United States child population as a whole. Tabulations of the results are shown in Tables VII to IX (pp. 26-28). The data are presented separately for boys and girls, and are classified by ethnic groups within each sex. Age breakdowns are not given, because for some ages there were too few children to give meaningful findings, owing to the grade structure of the SHAPE study.

Height (Table VII): For both boys and girls, and for all ethnic groups except Black, heights ranged slightly below the national averages. This tendency was most marked for Hispanic children and for those classified as "Other" (mainly Asians). National norms specific to these groups are not available but they are well known to be of generally smaller stature than White. Black boys and girls had more members at the "tall" end of the scale than the national norms; this is in keeping with other studies showing that Black children tend to be taller than non-Black.

Weight (Table VIII): The New York City children of both sexes and of all ethnic groups except "Other" were slightly heavier for their ages than the national norms. This was most striking in White children. Children of "Other" ethnic groups, in contrast, weighed somewhat less than the national average for children of the same age.

Weight for Height (Table IX): This figure is considered a more useful indicator of growth status than either height or weight measurement alone, since it allows for the factor of varying heights due to genetic factors. Norms for this ratio are only available up to age 10 for boys and age 12 for girls. Here the SHAPE data show that the relatively short children of "Other" ethnic background are just as heavy in proportion to their height as Blacks, Whites, and Hispanics, i.e. heavier than the national norms. Black children are seen to be least heavy in proportion to height, though they are still slightly heavier than American children as a whole.

Comment: The height-weight figures obtained from SHAPE are somewhat difficult to interpret, because of the wide ethnic mix in New York City and the absence of reliable national norms for some of New York's largest categories, such as Hispanics. Further study is needed before the full significance of these findings is understood. For example, there is evidence in some of the breakdowns (not included here) suggesting that New York City-born children of all ethnic groups are closer to the national norms than children who have immigrated after birth. These points will be examined by further analysis of the SHAPE figures; it may prove to be necessary to obtain a larger sample of certain categories of children in order to derive valid conclusions.

Vision Screening

Visual acuity was tested in 4873 children. A three-part screening was done, but only the distance Snellen test results were analyzed for SHAPE, since they constitute the vast majority of visual problems in school-age children. The criterion for "passing" the vision screening was a score of 20/30 or better. By this standard, 24 percent of the children tested (without glasses) failed the vision screening with at least one eye (Table X, p. 29). The percentage of failure was under 20 in the three lower grades, rose to 27 by the tenth grade, and was highest of all (32 percent) in the ungraded (special education) classes. Vision screening was failed by 26 percent of the girls and 23 percent of the boys; failure was slightly more frequent in Hispanics and "Others" than in Blacks or Whites.

When the children were tested wearing whatever corrective glasses they had, the failure rate dropped to 9.5 percent (based on the best score achieved using both eyes together). Thus, a considerable amount of corrective action had already been taken. Some children indicated that they owned glasses but had not brought them to school; in these cases, correction could not be documented.

Audiometric Screening

Of 4888 children who received audiometric testing, 7 percent failed the primary (sweep) screening and were then given threshold testing. Of these, 77 percent also failed the threshold test, leading to an overall failure (and therefore referral) rate of 5 percent.

The failure rate by grade is given in Table XI (p. 30); the pattern is one of relatively high failure rates in the youngest children, lower rates in the middle years, and a rise again in the later teens. This pattern reflects the difficulty of administering an accurate test to young children, as well as the more marked effects of upper respiratory infections and ear wax with this age group. The later rise in the failure rate may result from a true, gradual increment in the prevalence of hearing loss due to the sequelae of repeated ear infections; it may also reflect excessive noise exposure.

It should be remembered that the population of children who were screened for hearing excluded those already wearing hearing aids, and that not all children who failed the screening test will prove to have true hearing loss on definitive workup. For these reasons, the above figures do not represent the precise total incidence of hearing handicaps in this group.

Dental Screening

A total of 3095 children were screened for dental caries. The dental findings are reported as the DMF count, in which D represents the number of decayed permanent teeth, M is the number of permanent teeth missing due to decay, and F is the number of permanent teeth that are filled and have no current decay. The DMF count thus indicates the total caries experience for permanent teeth. The fraction D/DMF, converted to a percentage, shows what proportion of the total caries experience consists of currently untreated decay. For younger children, the formula def corresponds to DMF, but refers to deciduous (primary) teeth.

It should be noted that the dental decay experience reported from SHAPE is an underestimate, because X-rays (which would pick up additional caries not seen on direct examination) were not used.

The SHAPE findings are presented, by age, in Table XII (p. 31). For comparison, the findings of a study done in 1979-1980 by the United States Public Health Service[3] in an area ("Region II") comprising all of New York, New Jersey, and Pennsylvania are given in the same table. The methods and the level of operators' skill were comparable in both studies, and neither included X-ray findings. The overall caries experience of the New York City children (DMF) is seen to be somewhat higher than that of the Region II children. Even more

significantly, the percentage D/DMF (indicating the proportion of untreated carious teeth) is at least twice as high for New York City children as for the Region II children as a group.

The SHAPE dental screening also permitted assessment of the effects of sixteen years of fluoridated water. Table XIII (p. 32) compares the SHAPE findings, by age, with those of a similar survey done just prior to fluoridation and another done after five years of fluoridation. The expected decrease of approximately 50 percent in caries experience is demonstrated.

Additional evidence of the value of water fluoridation is given in Table XIV (p. 32) comparing the percentages of older children who were entirely caries-free in the three surveys. It can be seen that the 1983 teenagers, most of whom have consumed fluoridated water all their lives, include a much higher proportion of caries-free individuals.

Anemia

Hematocrit levels were determined for 2821 children. For SHAPE, a hematocrit of 33 percent or over was considered "normal" (i.e. not requiring referral) for children through age 8, and 35 percent for children aged 9 or more. By these standards, only 19 children (0.7 percent of those tested) required referral for possible anemia.

Table XV (p. 33) compares the SHAPE findings with those of the national HANES study[4,5] done in 1966-1970. It is seen that the New York City children, of all ages and both sexes, match or (more commonly) surpass the HANES study population in mean hematocrit level.

Lead Poisoning

Kindergarten, first, and third grade children were offered screening for lead poisoning by determination of the erythrocyte protoporphyrin (EP) level; 1114 children received such screening. Eleven children were identified as possible lead poisoning cases, but follow-up with the more accurate venous blood lead testing confirmed only 5 cases (blood lead over 30 mcg/dl). Two of these were already known to the Health Department's Lead Poisoning Control Program.

Iron Deficiency

The EP level used as a primary screening test for lead poisoning also identifies children with depleted body stores of iron. When the EP is elevated and the micro lead test is normal, iron deficiency is the most likely diagnosis. Fifty-five of the 1114 children who were tested (less than 5 percent) proved to have such findings. All had normal hematocrits, showing that although their iron stores were low they had not yet developed anemia.

Measles Immunity

The results of the measles antibody studies are still pending.

Parental Knowledge and Medical Care of Health Problems

The SHAPE study made no attempt to tabulate all health problems affecting the pupil population. However, there was an interest in knowing the degree to which parents were aware of the health defects affecting their children, and the degree to which these defects were under adequate professional care. To investigate these questions, five clinical conditions were selected for special study. The selection was made on the basis of expected frequency, and also because these conditions were judged to be fairly typical. What is true of these five health problems as a group is likely to be true of others as well. The conditions selected were undernutrition, cardiac problem, orthopedic problem, asthma, and strabismus.

The SHAPE clinicians determined, on the basis of a complete review of available records and a physical examination (if consent had been obtained), whether any of the conditions existed in a given child. If so, the clinician then decided, for each, whether the parents were aware of the condition prior to the SHAPE examination and whether, in the clinician's estimation, the condition was receiving adequate ongoing medical care. Details of the criteria for these decisions are given in Appendix II.

The results are shown in Table XVI (p. 34). Data were tabulated for all 6282 children; in 3260 information was based on record review alone, and in 3022 a physical examination was also done.

For four of the conditions, there was evidence of previous parental awareness in 1/2 to 2/3 of the cases; for asthma, such awareness was documented in 88 percent of the cases. The medical care status, as far as it could be determined by a record review and questioning of the parent or child, was judged adequate in less than half of the conditions; asthma was again an exception, 68 percent being under adequate care.

Medical Referrals

The nurse who gave counselling at the end of the SHAPE examination recorded whether or not the child was referred for medical care; a referral was reported for about 25 percent of the 6282 children.

In order to determine the reasons for referral, a sub-sample of medical records was independently reviewed. This sample included all records in which the SHAPE report indicated that a medical referral had been made; all records which had one of the five specific conditions listed but did not have a referral recorded; and a 10 percent sample of the remaining records. Records of children in ungraded classes were excluded.

In this second review, health problems (excluding dental) were identified by the same criteria as those used by the SHAPE clinicians, and it was then determined, for each condition, whether it was "referrable" by the current standards of the school health program. A summary of these standards is given in Appendix II. In general, a health problem is not referred out if there is documentation of recent appropriate medical attention. The following listing, therefore, should not be interpreted as including all existing adverse health conditions, but only those requiring further attention.

Appropriate weights were applied to the three sample strata in order to arrive at an estimate of the proportion of the total study population with referrable conditions. This proved to be 31.6 percent, with the following breakdown:

Type of Condition	Percent of the Study Population
Vision	22.9
Hearing	7.0
Cardiac	3.1
Orthopedic	2.3
Asthma	4.0
Strabismus	2.0
Other	3.6

These percentages add up to more than 31.6 percent because some children had more than one referrable condition.

Nutrition Questionnaire

A total of 1881 students in seventh and tenth grades completed the nutrition questionnaire. This survey was designed to determine the proportion of students with diets likely to be deficient or excessive in one or more food groups, not to establish the quantitative intake of calories or specific nutrients.

The results are presented in Tables XVII (p. 35) and XVIII (p. 36). Table XVII shows the percentages of students with specified frequencies of intake of the five basic food groups, characterized as "acceptable" or "inadequate". Table XVIII gives data on intake of snack items which are largely "empty calorie" types of food, of little nutritional value. The findings indicate that, with the exception of grain products, a majority of the students reported acceptable intake of the basic food groups. The percentage of girls with acceptable intakes is lower than that for boys, and the percentage of tenth-graders with acceptable intakes is lower than that for seventh-graders. About half of all students reported intakes of soft drinks, and sweet and salty snack foods, that were considered "excessive".

These findings are similar to those of other studies of the eating habits of American teenagers[6-12].

Teen Health Questionnaire

The teen health questionnaire was administered to a total of 1182 students: 142 boys and 150 girls in the seventh grade, and 367 boys and 523 girls in the tenth grade (7 students failed to indicate their gender). The 34 questions covered a wide range of subject matter, including family constellations and living conditions, personal health habits and history, health care, exposure to violence, self-perception of health, and the students' own wishes for health-related services to be provided in school. A copy of the questionnaire itself is included in Appendix II, and a summary of the responses, broken down by grade and sex, is given in Tables XIX (p. 37-38) and XX (pp. 39-40). The students were not required to answer every question; the number responding to each one is given in the table, in the column headed N.

The information obtained in this way must, of course, be interpreted with certain caveats. The test was administered with sufficient assurances of confidentiality that responses were probably not heavily modified by fear of exposure. However there are the expected indications that a few youngsters gave frivolous replies, and some answers may have been dictated by wishful thinking rather than fact. Some questions may also have been misunderstood because of ambiguous wording; this is especially true of Questions 11, 26, 28, and 32.

The highlights of these responses include the following: Only a little more than two-thirds of the seventh-graders were living in a household with two or more adults. By the tenth grade, this proportion had increased to 72 percent for boys, but decreased to 58 percent for girls.

Twenty-two percent of all students had moved to a different address within the past year. Overall, 67 percent reported serious personal losses or problems within the year. About 83 percent of the girls and 86 percent of the boys felt they had at least a moderate amount of help with problems available from family, friends, or others; on the other hand, 5 to 6 percent said they had no such help available at all.

Students' perception of their own health status was highly positive: 93 percent of the boys, and 94 percent of the girls, considered their health to be "good" or better. At least 95 percent of them also perceived their social skills to be "average" or better, with the exception of tenth grade boys, only 91 percent of whom thought their skills were "average" or better.

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Exercise, for purposes of this questionnaire, was defined as activity "that makes you perspire and breathe heavily" (duration unspecified). The proportion of youngsters who said they engage in such activity four or more times per week ranged from 41 percent for seventh-grade girls to 68 percent for tenth-grade boys. The proportion of youths who exercise "less than once per week" ranged from 8 percent for tenth-grade boys to 19 percent for seventh-grade girls.

Fifty to 80 percent of each group reported sleeping eight or more hours a night; more than 60 percent felt they had trouble getting enough sleep, and two-thirds similarly felt they had trouble getting enough "rest".

Smoking of cigarettes was admitted by 5 percent of the boys and 6 percent of the girls in seventh grade, 14 percent of the boys and 17 percent of the girls in tenth grade. Consumption of alcohol was higher than that of tobacco, and higher for boys than for girls. Of the tenth-grade boys, 39 percent reported drinking alcohol in some form. About half of the tenth-grade youngsters who drink reported only one or two drinks per week. Beer was by far the most popular alcoholic beverage.

The use of marijuana is at roughly the same level as that of cigarettes except for tenth-grade boys; of that group, 14 percent reported smoking cigarettes and 23 percent reported the use of marijuana. Other drugs (defined as "drugs, pills, or other substances which affect your mood or feelings") were reported to be used at about half that frequency: 1.5 percent of the boys and 3 percent of the girls in seventh grade, 13 percent of the boys and 8 percent of the girls in tenth grade. It should be borne in mind that youths who are heavy users of hard drugs (or of alcohol) are probably not attending school, and would not have been included in this survey.

Sexual activity begins early in this population, according to their own reports: 22 percent of boys and 3 percent of girls in seventh grade said that they had engaged in intercourse, and by the tenth grade the figures were 57 percent for boys and 24 percent for girls. Twenty-two percent of the boys and 15 percent of the older girls who said they do have sex reported that they had intercourse daily or almost every day. Only one seventh-grade girl admitted having been pregnant. Among tenth-grade girls, 6.6 percent reported they had been pregnant at least once, 4 percent that they had had at least one abortion and 2 percent that they had had at least one baby. The reported history of venereal disease (mostly gonorrhea) ranged from 0.9 percent for seventh-grade girls to 4 percent for tenth-grade boys.

In response to a question concerning medical care, about 90 percent in each category said that they had consulted a physician within the past two years. Dental care was said to be received once or twice a year by 62 to 80 percent of the students, the lower percentages occurring in the higher grades. (However, about 18 percent reported that they never go to the dentist.)

To explore risk-taking behavior, youngsters were asked if they ever ride in a car whose driver is under the influence of drugs or alcohol; 11 percent of boys and 13 percent of girls in the seventh grade, and 32 percent of boys and 21 percent of girls in the tenth grade, replied that they do. Another indication of risk of physical violence came from the question "How many times in the past year did you witness or become involved in a violent fight or attack, where there was a good chance of a permanent injury to someone?" Of the tenth-graders, 6 percent of the girls and 16 percent of the boys reported three or more such incidents in the past year.

The final question related to services the students themselves would like to have in school. The services listed included direct medical service, and classroom instruction and personal counselling on a variety of health-related subjects. Most of these received endorsement from about 40 percent of the students. Classroom instruction "about the human body and sex", however, was voted for by about 60 percent. About 10 percent of the students responded to the invitation to write in other health services they would like in school: 20 students asked for personal counselling on life problems (most often worded as "someone to talk to"), and 9 additional students requested psychiatric or psychological services. Another 9 students reiterated their wish for classroom instruction about sexual matters and body functioning.

DISCUSSION

(RELEVANCE OF THE SHAPE FINDINGS TO REDESIGN OF THE SCHOOL HEALTH PROGRAM)

The SHAPE project was a limited health survey, designed to give an overview of the general health status of the pupil population and the outstanding problems needing attention from program planners. Although the study sample was relatively small, we believe that this primary purpose was achieved; that the SHAPE results do reflect in broad outline the status of the target population; and that they can properly be used to guide the program design, as well as providing a baseline for future studies.

The findings indicate clearly the predominance of vision and hearing defects in terms of the numbers of children requiring referral and follow-up. The importance of these defects in relation to academic achievement, and eventually to career competency, is obvious. SHAPE demonstrated that well-trained, professionally supervised paraprofessional personnel can provide consistent and reproducible screening results, so that all defects are identified but unnecessary referrals are kept to a minimum.

Deficiencies in the existing program of vision screening and/or follow-up were revealed by the finding that nearly 10 percent of the children screened by SHAPE could not meet the "pass" criteria even when those who had glasses were wearing them. The proposed revision of the school health program gives substantial new support to these activities. It includes the development of teams of paraprofessionals, trained and supervised by qualified professionals, to carry out these routine screenings on a more regular basis and more reliably than in the past. The teams will also be responsible for the routine follow-through of screening failures, to assure full workup and correction of confirmed defects.

The answers made by teenage students to the two SHAPE questionnaires documented the widespread exposure of this vulnerable group to a variety of health risks and life problems, often with inadequate support systems, and the need for both health education and personal counselling to help them develop sound lifestyles and coping mechanisms. The students' receptiveness to such support through the school health service was also clearly indicated. In response to these needs, the proposed expanded program will re-introduce a routine health

examination at the seventh-grade level as a means of reviewing each child's status and situation early in adolescence. In addition, health counsellors will be assigned to both junior high and high schools. One of their functions will be to supplement the seventh-grade examination with a personal conference with every student. They will follow through on identified health problems and will provide individualized support and anticipatory guidance to the students in relation to other common problems of adolescence. Enhancement of the health education program, with particular emphasis in the areas of human physiology and sexual functioning, nutrition, and risk reduction, will complement and reinforce the direct personal health services. By these means it is hoped to reduce the current rapid increase of adverse health behaviors in the early teen years.

The dental screening component of SHAPE confirmed the known benefits of water fluoridation, but also made clear the large remaining needs of New York City school children for dental care. For many low-income families, children's dental services are not available outside of the Health Department program; there are very few private dentists in deprived areas of the City. To better meet these needs, the school dental program has already been substantially expanded during the past two years, and funds for further expansion have been requested for 1984-85.

The screening tests which resulted in normal findings were also useful to the school health program design. Thus, the finding of a normal distribution of hematocrit levels, with very few children having levels low enough to require referral, and less than 5 percent showing iron deficiency, meant that routine screening for anemia would probably not be cost-effective. Similarly, the very low yield of new cases of lead poisoning identified through SHAPE led to abandoning the idea of routine lead screening for children in the lower grades.

The study findings, which have answered a number of basic questions, have given rise to several others. These will be investigated by further analysis of the SHAPE data and by mounting new studies focussing on certain details. The particular health needs of immigrant children, those of Asian background, and those in special education classes, are among the areas in which the SHAPE results have suggested the appropriateness of further investigation. The SHAPE project itself can be repeated at intervals in the future in order to determine changes in the school population and its health needs.

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Table I

NUMBER OF SCHOOLS AND PUPIL REGISTRATION SERVED BY
THE NEW YORK CITY DEPARTMENT OF HEALTH

	Number of Schools	Registration
Elementary Schools	975	561,021
Public	579	392,594
Non-public	396	168,427
Junior High and Intermediate Schools	168	168,799
Public	162	167,052
Non-public	6	1,747
High Schools	117	241,754
Public	87	210,807
Non-public	30	30,947
TOTAL	1260	971,574

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Table II

SHAPE STUDY POPULATION COMPARED TO TOTAL REGISTRATION
IN SAME GRADES

STUDY POPULATION	GRADE							
Type of School	KG	1	3	7	10	Ungraded	Total SHAPE Eligible*	SHAPE Actual
Public	378	457	442	1043	2918	376	5614	5313
Non-Public	84	122	131	148	487	-	972	969
TOTAL	462	579	573	1191	3405	376	6586	6282
TOTAL REGISTRATION								
Public	45,824	58,848	52,734	71,672	52,702	39,115	320,895	
Non-Public	9,206	16,743	16,281	18,049	8,161	150	68,590	
TOTAL	55,030	75,590	69,015	89,721	60,863	39,265	389,458	

*Includes some students who were discharged or transferred before SHAPE was implemented.

Table III

PERCENTAGE OF STUDENTS PARTICIPATING IN SHAPE SCREENING TESTS AND EXAMINATIONS, AND PERCENTAGE OF PARENTS PRESENT, BY GRADE

GRADE	STUDENTS	COMPLETE	HT-WT	VISION	AUDIO	LAB WORK	DENTAL	PHYSICAL	PARENT PRESENT
TOTAL	6282	44.8	77.9	77.5	77.7	48.1	49.1	48.1	17.9
KINDERGARTEN	457	58.9	93.4	90.6	93.7	68.7	70.1	67.0	54.5
FIRST	522	65.5	95.4	94.8	96.9	68.4	74.3	73.4	52.3
THIRD	555	69.4	98.6	98.0	97.3	73.0	74.6	73.7	44.7
SEVENTH	1158	50.2	95.1	95.2	94.7	52.7	53.5	54.0	18.1
TENTH	3259	34.2	63.8	63.6	63.5	36.9	36.9	35.7	3.5
UNGRADED	331	37.2	72.2	72.2	72.5	40.5	42.0	39.9	9.1

Table IV

PERCENTAGE OF STUDENTS PARTICIPATING IN SHAPE TEEN HEALTH AND NUTRITION QUESTIONNAIRES, BY GRADE

	NUTRITION QUESTIONNAIRES COMPLETED			TEEN HEALTH				
GRADE	TOTAL	NUMBER	PERCENT	TOTAL	ADMIN. REFUSAL	TOTAL ELIGIBLE	QUESTIONNAIRES COMPLETED NUMBER	PERCENT
TOTAL	4417	1881	42.6	4417	734	3683	1189	32.3
SEVENTH	1158	542	46.8	1158	734	424	294	69.3
TENTH	3393	3259	41.1	2359	-	3259	895	27.5

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Table V

CHARACTERISTICS OF THE STUDY POPULATION BY GRADE

	Total	K	1	3	7	10	Ungraded
Total	6282	457	522	555	1158	3259	331
Ethnic group							
Hispanic	2025	130	145	162	202	1291	95
White	1515	86	126	122	497	602	82
Black	1209	123	157	172	247	422	88
Other	194	17	17	14	24	121	1
Unknown	1339	101	77	85	188	823	65
Sex							
Male	3250	239	279	271	592	1628	241
Female	3024	217	243	284	565	1626	89
Unknown	8	1	-	-	1	5	1
Birthplace							
NYC	3487	348	436	431	863	1200	209
Other U.S.	271	20	14	23	53	142	19
Other	1356	31	34	53	166	1028	44
Unknown	1168	58	38	48	76	889	59
Medicaid							
Yes	1415	115	136	123	230	751	60
No and Unknown	4867	342	386	432	928	2508	271

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Table VI

STUDENT SOURCES OF NON-EMERGENCY AND EMERGENCY HEALTH CARE

Type of Resource	Type of Care: Non-Emergency		Emergency	
	Number	%	Number	%
Total	3645	100	3455	100
Private Physician	1884	51.7	728	21.1
Medical Group	337	9.2	153	4.4
Emergency Room	55	1.5	1985	57.5
Hospital Clinic	831	22.8	471	13.6
Neighborhood Health Center	536	14.4	111	3.2
Other	12	0.3	7	0.2

NOTE: Does not include 2637 students with unknown type of regular care and 2827 with unknown type of emergency care.

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Table VII

HEIGHT FOR AGE CLASSIFICATION ACCORDING TO NATIONAL STANDARDS[2]
BY SEX AND ETHNICITY

Sex/Ethnic Group	N	Below 5th Percentile	5th - 95th Percentile	Above 95th Percentile
Male	2403	9.9	84.9	5.2
Hispanic	702	13.1	82.8	4.1
White	839	7.4	87.8	4.8
Black	520	8.9	82.9	8.3
Other	88	18.2	79.6	2.3
Unknown	254	8.7	86.6	4.7
Female	2334	9.5	85.8	4.7
Hispanic	795	13.3	82.9	3.8
White	630	7.1	89.7	3.2
Black	579	4.7	87.9	7.4
Other	76	17.1	81.6	1.3
Unknown	254	11.8	81.9	6.3

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Table VIII

WEIGHT FOR AGE CLASSIFICATION ACCORDING TO NATIONAL STANDARDS[2]
BY SEX AND ETHNICITY

Sex/Ethnic group	N	Below 5th Percentile	5th - 95th Percentile	Above 95th Percentile
Male	2403	5.4	84.9	9.7
Hispanic	702	5.5	86.5	8.1
White	839	3.7	83.0	13.2
Black	520	5.6	86.5	7.9
Other	88	13.6	84.1	2.3
Unknown	254	7.5	83.5	9.1
Female	2334	4.9	87.3	7.8
Hispanic	795	5.8	89.1	5.2
White	630	2.9	86.8	10.3
Black	579	4.0	87.2	8.8
Other	76	14.5	84.2	1.3
Unknown	254	6.7	83.9	9.5

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Table IX

WEIGHT FOR HEIGHT CLASSIFICATION OF PRE-ADOLESCENT CHILDREN ACCORDING TO NATIONAL STANDARDS[2] BY SEX AND ETHNICITY

Sex/Ethnic Group	N	Below 5th Percentile	5th-95th Percentile	Above 95th Percentile
Male	773	3.2	82.5	14.2
Hispanic	233	3.0	78.5	18.5
White	176	1.1	82.4	16.5
Black	228	5.3	86.0	8.8
Other	23	4.4	82.6	13.0
Unknown	113	2.7	84.1	13.3
Female	664	2.9	84.9	12.2
Hispanic	184	0.0	83.7	16.3
White	153	1.3	85.0	13.7
Black	212	5.2	86.8	8.0
Other	24	4.2	79.2	16.7
Unknown	91	5.5	84.6	9.9

NOTE: Standards are available only up to age 10 for girls and age 12 for boys.

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Table X

VISION STATUS AMONG CHILDREN COMPLETING VISION SCREENING
BY SELECTED CHARACTERISTICS

Characteristic	Total Students Screened	Without Correction: At least one eye 20/40 or worse		With Correction If Worn: 20/40 or worse (both eyes)	
		Number	Percent	Number	Percent
Total	4,873	1,192	24.5	460	9.4
Grade					
Kindergarten	415	79	19.0	40	9.7
First	496	92	18.5	38	7.6
Third	547	93	17.0	36	6.6
Seventh	1,102	295	26.8	127	11.5
Tenth	2,074	557	26.9	187	9.0
Ungraded	239	76	31.8	32	13.4
Sex					
Male	2,471	562	22.7	216	8.7
Female	2,398	628	26.2	244	10.2
Unknown	4	2	50	0	-
Ethnic group					
Hispanic	1,584	432	27.3	188	11.9
White	1,477	330	22.3	105	7.1
Black	1,129	258	22.9	108	9.6
Other	179	49	27.4	10	5.6
Unknown	504	123	24.4	49	9.7
Birthplace					
N.Y.C.	3,379	858	25.4	325	9.6
(Other) U.S.A.	253	67	26.5	26	10.3
Other	983	217	22.1	90	9.2
Unknown	258	50	19.4	19	7.4

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Table XI

RESULTS OF AUDIOMETRIC SCREENING

Grade	Total Screened	Percent Who Failed Sweep	Threshold	Both*
Total	4882	7.4	77.1	5.1
Kindergarten	428	11.7	91.3	9.9
First	506	8.7	94.7	7.2
Third	540	5.7	88.5	4.3
Seventh	1097	3.6	82.4	2.6
Tenth	2071	7.6	63.9	4.5
Ungraded	240	15.8	80.0	11.8

* Does not include 37 who failed the sweep test but did not have the threshold test.

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Table XII

DENTAL FINDINGS COMPARED TO UNITED STATES PUBLIC HEALTH SERVICE STUDY[3] OF REGION II (NEW YORK, NEW JERSEY, PENNSYLVANIA) 1979-80

Age		D/DMF (as percent)	DMF
5	NYC	66.7	0.3
	Region II	10.1	0.08
6	NYC	100	0.5
	Region II	36.8	0.20
7	NYC	85.7	1.4
	Region II	38.1	0.46
8	NYC	64.2	1.4
	Region II	34.6	0.90
9	NYC	68.8	1.6
	Region II	24.5	1.33
10	NYC	45.5	2.2
	Region II	23.6	1.9
11	NYC	43.3	3.0
	Region II	20.1	1.94
12	NYC	44.7	3.8
	Region II	22.4	2.91
13	NYC	51.1	4.7
	Region II	22.5	3.69
14	NYC	38.2	5.5
	Region II	19.9	4.45
15	NYC	24.5	4.9
	Region II	17.5	5.78
16	NYC	29.7	6.4
	Region II	15.4	6.29
17	NYC	35.3	6.8
	Region II	14.8	7.69

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Table XIII

COMPARISON OF DMF AND def TEETH TO NYC FINDINGS IN
1966 (PRE-FLUORIDATION) AND 1971 (5 YEARS POST-FLUORIDATION)

	5	6	7	8	9	10	11	12	13	14	15
DMF 1966	0.2	1.0	2.0	2.9	3.7	4.4	5.5	7.9	9.3	10.1	10.5
DMF 1971	0.2	0.6	1.3	2.2	2.8	3.5	4.1	6.8	8.3	9.5	10.5
DMF 1983	0.3	0.6	1.4	1.5	1.9	2.0	3.2	3.7	4.2	4.8	4.6
Percent Change 1983-1966	+50.0	-40.0	-30.0	-48.3	-48.6	-54.5	-41.8	-53.2	-54.8	-52.5	-56.2
def 1966	3.7	4.1	4.5	4.3	3.2	1.68					
def 1971	2.3	3.1	4.0	4.0	3.1	1.79					
def 1983	1.9	2.0	3.0	2.6	2.3	0.7					
Percent Change 1983-1966	-48.7	-51.2	-33.3	-39.5	-28.1	-58.3					

Table XIV

PERCENTAGE OF CHILDREN CARIES-FREE (0 DMF)
COMPARED TO NYC FINDINGS IN 1966 AND 1971

	AGE			
	12	13	14	15
1966	3.34	1.00	1.43	1.63
1971	3.54	4.48	1.89	1.71
1983	16.2	16.0	12.3	13.4

Table XV

A. MEAN HEMATOCRITS BY AGE GROUP AND ETHNICITY FOR SHAPE STUDENTS AND HANES,[4] AGES 4 - 11

Age	SHAPE Hispanic	Black	White	Other	HANES Black	White
4-5	39	38	39	(40)	35	36
6-8	40	39	40	(39)	36	37
9-11	41	40	42	(40)	37	38

B. MEAN HEMATOCRITS BY SEX, AGE AND ETHNICITY FOR SHAPE STUDENTS AND HANES[5] AGES 12 - 17

	MALES					FEMALES				
	SHAPE				HANES	SHAPE				HANES
Age	Hispanic	Black	White	Other		Hispanic	Black	White	Other	
12	42	42	42	(40)	41	42	42	42	(43)	40
13	43	(42)	(44)	(44)	42	(41)	(41)	(41)	(-)	41
14	45	(45)	(45)	(48)	43	42	(40)	(43)	(40)	40
15	46	44	46	(48)	44	42	41	42	(42)	41
16	46	46	(46)	(48)	45	42	41	(43)	(40)	40
17	47	(47)	(49)	(47)	45	41	40	(41)	(44)	40

( ) = Based on less than 25 students.

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Table XVI

FREQUENCY* OF 5 CLINICAL CONDITIONS AMONG 6282 SCHOOL CHILDREN, PREVIOUS PARENTAL KNOWLEDGE OF THE CONDITION, AND ADEQUACY OF MEDICAL CARE

	Children with condition		Condition Previously Known to Parent		Known to be Under Adequate Care	
Condition	Number	Percent of total Children	Number	Percent of Children with Condition	Number	Percent of Children with Condition
Undernutrition	38	0.6	12	32	6	16
Cardiac Problem	121	1.9	60	50	41	34
Orthopedic Problem	127	2.0	82	65	60	47
Asthma	237	3.8	209	88	161	68
Strabismus	90	1.4	52	58	37	41

* Based on record reviews and/or physical examination.

Table XVII

PERCENTAGE OF STUDENTS WITH INDICATED FREQUENCY OF INTAKE FROM FIVE BASIC FOOD GROUPS, BY SEX AND GRADE

Food Group/Frequency	Total Participants	TOTAL		TOTAL		7th Grade		10th Grade	
		Boys	Girls	7th Grade	10th Grade	Boys	Girls	Boys	Girls
	1881*	948	919	542	1339	279	260	669	659
Milk, Cheese, etc.									
Acceptable, 2x or more daily	78.1	83.6	72.5	82.4	76.4	88.2	76.2	81.8	71.0
Inadequate, 1x day or less	21.9	16.4	27.5	17.6	23.6	11.8	23.8	18.2	29.0
Vitamin C-rich foods									
Acceptable, 3x week or more	73.1	74.5	71.5	68.3	75.0	67.5	69.2	77.5	72.5
Inadequate, 2x week or less	26.9	25.5	28.5	31.7	25.0	32.5	30.8	22.5	27.5
Vitamin A-rich foods									
Acceptable, 2x week or more	54.4	55.8	52.9	62.5	51.0	62.5	62.5	53.0	49.1
Inadequate, 1x week or less	45.6	44.2	47.1	37.5	49.0	37.5	37.5	47.0	50.9
Fish, Poultry, Meat									
Acceptable, 1x day or more	71.6	71.7	71.3	74.7	70.2	73.7	75.8	70.9	69.6
Inadequate, less than 1x day	28.4	28.3	28.7	25.3	29.8	26.3	24.2	29.1	30.4
Bread, etc.									
Acceptable, 3x day or more	32.5	35.6	29.6	36.0	31.3	37.2	34.7	34.9	27.6
Inadequate, 2x day or more	67.5	64.4	70.4	64.0	68.7	62.8	65.3	65.1	72.4
All 5 groups combined									
Acceptable	10.5	13.0	8.1	14.8	8.8	16.8	12.7	11.4	6.2
Inadequate	89.5	87.0	91.9	85.2	83.2	87.3	87.3	88.6	93.8

*Includes 3 seventh-grade and 11 tenth-grade students who did not indicate their gender.

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Table XVIII

PERCENTAGE OF STUDENTS WITH INDICATED FREQUENCY OF INTAKE OF SOFT DRINKS, CANDY, SWEET PASTRIES, SALTY SNACKS, BY SEX AND GRADE

Food Group/Frequency	Total Participants 1881*	TOTAL Boys 948	TOTAL Girls 919	TOTAL 7th Grade 542	TOTAL 10th Grade 1339	7th Grade Boys 279	7th Grade Girls 260	10th Grade Boys 669	10th Grade Girls 659
Soft Drinks									
2x day or less	66.2	63.8	68.5	68.2	65.2	66.7	70.0	62.6	67.9
3x or more	33.8	36.2	31.5	31.8	34.8	33.3	30.0	37.4	32.1
Candy									
2x day or less	72.5	74.7	70.1	65.2	75.3	67.3	63.1	77.8	72.9
3x day or more	27.5	25.3	29.9	34.8	24.7	32.7	36.9	22.2	27.1
Sweet Pastry									
2x day or less	84.6	84.1	85.4	81.3	86.2	82.2	80.3	84.8	87.5
3x day or more	15.4	15.9	14.6	18.7	13.8	17.8	19.7	15.2	12.5
Salty Snacks									
2x day or less	84.1	82.7	85.7	77.4	87.0	74.0	81.1	86.4	87.5
3x day or more	15.9	17.3	14.3	22.6	13.0	26.0	18.9	13.6	12.5
Combined Sweets/ Salty Snacks									
Acceptable, 4x day or less	47.1	46.9	47.6	39.3	50.5	37.6	41.2	50.8	50.1
Excessive, 5x day or more	52.8	53.1	52.4	60.7	49.5	62.4	58.8	49.2	49.9

*Includes 3 seventh-grade and 11 tenth-grade students who did not indicate their gender.

Table XIX

RESPONSES TO TEEN HEALTH QUESTIONNAIRE
GRADE SEVEN

	BOYS		GIRLS		TOTAL**	
	N*	PCT.	N*	PCT.	N*	PCT.
RIDE WITH DRIVER (ALCOHOL/DRUGS)	140	10.7	150	12.7	292	11.6
IF YES, SOMETIMES OR VERY OFTEN	10	40.0	14	57.1	24	50.0
EXERCISE 4 OR MORE TIMES PER WEEK	136	58.8	145	40.7	281	49.5
EXERCISE LESS THAN ONCE PER WEEK	136	11.0	145	18.6	281	14.9
SPORTS 4 OR MORE TIMES PER WEEK	117	63.2	121	22.3	239	42.3
SEE DENTIST ONCE OR TWICE A YEAR	137	79.6	146	73.3	285	76.5
SEE DENTIST NEVER OR VERY RARELY	137	12.4	146	19.2	285	15.8
HEALTH OF SELF GOOD OR BETTER	125	91.2	123	93.5	249	92.4
CONSULTED PHYSICIAN WITHIN TWO YEARS	90	88.9	83	85.5	173	87.3
MODERATE AMT. OR MORE HELP FROM FAM./OTH	128	85.9	132	84.8	261	85.4
NO HELP FROM FAMILY/OTHERS	128	4.7	132	6.1	261	5.4
LOSSES OR PROBLEMS	137	59.1	149	65.8	288	62.2
8 OR MORE HOURS OF SLEEP	133	75.9	143	82.5	278	79.5
TROUBLE GETTING PRIVACY SOMETIMES./MORE OFTEN	124	69.4	135	63.0	260	66.2
TROUBLE GETTING REST SOMETIMES./MORE OFTEN	128	64.1	138	68.1	267	66.3
TROUBLE GETTING SLEEP SOMETIMES./MORE OFTEN	131	65.6	137	63.5	269	64.7
FIGHT/ATTACK 3 OR MORE TIMES IN PAST YR.	137	10.2	146	5.5	285	7.7
2 OR MORE ADULTS IN HOUSEHOLD	127	74.0	143	70.6	272	72.1
AT LEAST 1 OTHER YOUNG PERSON IN HSHOLD.	128	89.1	140	85.7	270	87.4
1.51 PERSONS OR MORE PER ROOM	121	33.1	132	40.9	255	37.3
LIVED AT PRESENT ADDRESS LESS THAN 1 YR.	134	20.1	141	19.9	276	19.9
BROKEN BONES 3 OR MORE TIMES	139	0.7	150	1.3	291	1.0
UNCONSCIOUS 2 OR MORE TIMES	139	5.0	149	2.0	290	3.4
SMOKE CIGARETTES	135	5.2	146	6.2	283	5.7
IF YES, MORE THAN 10 CIGARETTES PER DAY	5	0.0	7	42.9	12	25.0
DRINK ALCOHOLIC BEVERAGES	142	8.5	150	2.7	294	5.8
IF YES, 1 OR 2 DRINKS PER WEEK	12	41.7	4	25.0	17	35.3
IF YES, 4 OR MORE DRINKS PER WEEK	12	58.3	4	75.0	17	64.7
IF YES, DRINK BEER	12	83.3	4	50.0	17	76.5
IF YES, DRINK WINE	12	50.0	4	50.0	17	47.1
IF YES, DRINK OTHER	12	41.7	4	25.0	17	35.3
USE DRUGS	132	1.6	143	2.8	277	2.2
IF YES, USE DRUGS SOMETIMES/MORE OFTEN	2	100.0	2	100.0	4	100.0
USE MARIJUANA	130	6.2	143	4.9	275	5.5
IF YES, USE MARIJ. SOMETIMES./MORE OFTEN	6	83.3	3	33.3	9	66.7

*Number responding. **Includes 2 sex unknown.

New York City Department of Health
School Health Assessment, Planning, and Evaluation - 1983

Table XIX (cont.)

RESPONSES TO TEEN HEALTH QUESTIONNAIRE
GRADE SEVEN

	BOYS		GIRLS		TOTAL**	
	N*	PCT.	N*	PCT.	N*	PCT.
SOCIAL SKILLS AVERAGE OR BETTER	117	94.9	129	96.1	247	95.5
LIVE WITH NON-RELATIVE/NON-GUARDIAN	135	12.6	146	6.8	283	9.5
HAVE SEXUAL INTERCOURSE	138	21.7	142	2.8	282	12.1
IF YES, ALMOST EVERY DAY OR EVERY DAY	23	21.7	3	0.0	26	19.2
IF USE BIRTH CONTROL, SOMETIMES./MORE OFTEN	9	55.6	5	80.0	14	64.3
EVER PREGNANT	1	0.0	142	0.7	144	0.7
HAD ABORTION	1	0.0	141	0.0	142	0.0
HAD BABY	1	0.0	143	0.0	144	0.0
LIVING WITH CHILD	121	1.7	143	0.7	265	1.1
ALL VENEREAL DISEASE	81	2.6	115	0.9	197	1.5
GONORRHEA	85	1.2	117	0.0	203	0.5
SYPHILIS	83	0.0	118	0.0	202	0.0
HERPES	83	0.0	117	0.0	201	0.0
OTHER VD	80	1.3	116	0.9	197	1.0
SCHOOL SERVICE WANTED: REG. PHYS. EXAM	142	46.5	150	48.0	294	47.6
SCHOOL SERVICE WANTED: ILLNESS EXAM.	142	42.3	150	38.0	294	40.1
CLASS TEACHING WANTED: BODY/SEX	142	64.1	150	67.3	294	65.3
CLASS TEACHING WANTED: VD/ABORTION	142	39.4	150	49.3	294	44.2
CLASS TEACHING WANTED: ADOLESCENCE	142	45.8	150	53.3	294	49.7
CLASS TEACHING WANTED: DRUGS ALCO TOBAC	142	45.8	150	50.7	294	48.0
CLASS TEACHING WANTED: NUTRITION	142	48.6	150	58.7	294	53.7
PERSONAL COUNSELING WANTED: SEX	142	38.7	150	45.3	294	41.8
PERSONAL COUNSEL. WANTED: NUTRITION ETC.	142	43.0	150	54.0	294	48.6
PERSON. COUNSEL. WANTED: DRUGS ALCO SMOK	142	35.2	150	40.0	294	37.4
PERSONAL COUNSEL. WANTED: OTH. PROBLEMS	142	35.9	150	39.3	294	37.4
WROTE IN SUGGESTION FOR HEALTH SERVICE	142	9.9	150	10.0	294	9.9

*Number responding. **Includes 2 sex unknown.

Table XX

RESPONSES TO TEEN-HEALTH QUESTIONNAIRE
GRADE TEN

	BOYS		GIRLS		TOTAL**	
	N*	PCT.	N*	PCT.	N*	PCT.
RIDE WITH DRIVER (ALCOHOL/DRUGS)	363	32.2	521	20.9	887	25.5
IF YES, SOMETIMES OR VERY OFTEN	104	31.7	98	46.9	202	39.1
EXERCISE 4 OR MORE TIMES PER WEEK	357	68.3	493	50.7	853	58.1
EXERCISE LESS THAN ONCE PER WEEK	357	7.8	493	15.2	853	12.2
SPORTS 4 OR MORE TIMES PER WEEK	328	50.6	446	26.5	776	36.7
SEE DENTIST ONCE OR TWICE A YEAR	362	61.9	511	67.9	876	65.2
SEE DENTIST NEVER OR VERY RARELY	362	18.8	511	18.4	876	18.7
HEALTH OF SELF GOOD OR BETTER	351	93.2	489	94.1	843	93.6
CONSULTED PHYSICIAN WITHIN TWO YEARS	280	90.4	385	93.5	666	92.0
MODERATE AMT. OR MORE HELP FROM FAM./OTH	345	86.4	458	83.0	806	84.5
NO HELP FROM FAMILY/OTHERS	345	5.8	458	6.1	806	6.0
LOSSES OR PROBLEMS	355	68.7	502	68.9	860	69.0
8 OR MORE HOURS OF SLEEP	356	51.1	508	56.9	867	54.6
TROUBLE GETTING PRIVACY SOMETIMES./MORE OFTEN	336	66.1	460	72.6	799	69.7
TROUBLE GETTING REST SOMETIMES./MORE OFTEN	340	66.2	461	68.1	804	67.0
TROUBLE GETTING SLEEP SOMETIMES./MORE OFTEN	335	63.3	465	64.9	803	64.1
FIGHT/ATTACK 3 OR MORE TIMES IN PAST YR.	359	16.4	504	6.0	866	10.5
2 OR MORE ADULTS IN HOUSEHOLD	349	75.6	498	61.2	849	67.1
AT LEAST 1 OTHER YOUNG PERSON IN HSHOLD.	349	86.8	498	89.0	849	88.1
1.51 PERSONS OR MORE PER ROOM	334	27.8	477	34.0	813	31.5
LIVED AT PRESENT ADDRESS LESS THAN 1 YR.	355	15.8	505	26.7	863	22.2
BROKEN BONES 3 OR MORE TIMES	358	4.2	513	0.8	873	2.2
UNCONSCIOUS 2 OR MORE TIMES	354	5.6	512	3.3	869	4.4
SMOKE CIGARETTES	355	14.4	510	16.7	869	15.7
IF YES, MORE THAN 10 CIGARETTES PER DAY	47	44.7	78	21.8	125	30.4
DRINK ALCOHOLIC BEVERAGES	367	39.2	523	20.8	895	28.5
IF YES, 1 OR 2 DRINKS PER WEEK	144	47.9	109	54.1	255	50.6
IF YES, 4 OR MORE DRINKS PER WEEK	144	43.1	109	33.0	255	38.8
IF YES, DRINK BEER	144	90.3	109	78.0	255	85.1
IF YES, DRINK WINE	144	22.9	109	38.5	255	29.4
IF YES, DRINK OTHER	144	27.8	109	34.9	255	30.6
USE DRUGS	343	13.1	512	8.0	858	10.0
IF YES, USE DRUGS SOMETIMES/MORE OFTEN	44	68.2	40	70.0	84	69.0
USE MARIJUANA	339	22.7	507	15.8	849	18.5
IF YES, USE MARIJ. SOMETMS./MORE OFTEN	77	62.3	80	57.5	157	59.9

*Number responding. **Includes 5 sex unknown.

New York City Department of Health
School Health Assessment, Planning,and Evaluation - 1983

Table XX (cont.)

RESPONSES TO TEEN HEALTH QUESTIONNAIRE
GRADE TEN

	BOYS		GIRLS		TOTAL**	
	N*	PCT.	N*	PCT.	N*	PCT.
SOCIAL SKILLS AVERAGE OR BETTER	339	90.6	454	97.4	796	94.5
LIVE WITH NON-RELATIVE/NON-GUARDIAN	352	15.6	508	14.6	863	14.9
HAVE SEXUAL INTERCOURSE	350	56.6	511	23.9	864	37.3
IF YES, ALMOST EVERY DAY OR EVERY DAY	181	22.1	109	14.7	292	19.5
IF USE BIRTH CONTROL, SOMETIMES./MORE OFTEN	92	84.8	49	79.6	143	83.2
EVER PREGNANT	6	16.7	499	6.6	506	6.7
HAD ABORTION	3	66.7	506	3.8	509	4.1
HAD BABY	3	66.7	504	1.8	507	2.2
LIVING WITH CHILD	314	1.3	501	2.6	817	2.1
ALL VENEREAL DISEASE	246	4.1	415	2.7	662	3.2
GONORRHEA	252	2.8	417	1.7	670	2.1
SYPHILIS	245	0.8	411	0.7	657	0.8
HERPES	245	1.2	412	1.0	658	1.1
OTHER VD	241	1.7	416	1.2	658	1.4
SCHOOL SERVICE WANTED: REG. PHYS. EXAM.	367	39.0	523	42.4	895	40.8
SCHOOL SERVICE WANTED: ILLNESS EXAM.	367	28.3	523	35.9	895	32.6
CLASS TEACHING WANTED: BODY/SEX	367	52.9	523	61.0	895	57.3
CLASS TEACHING WANTED: VD/ABORTION	367	38.1	523	47.2	895	43.2
CLASS TEACHING WANTED: ADOLESCENCE	367	31.3	523	40.0	895	36.2
CLASS TEACHING WANTED: DRUGS ALCO TOBAC	367	41.4	523	39.8	895	40.2
CLASS TEACHING WANTED: NUTRITION	367	37.1	523	41.3	895	39.3
PERSONAL COUNSELING WANTED: SEX	367	37.6	523	49.9	895	44.6
PERSONAL COUNSEL. WANTED: NUTRITION ETC.	367	35.7	523	44.6	895	40.7
PERSON. COUNSEL. WANTED: DRUGS ALCO SMOK	367	34.6	523	36.9	895	35.8
PERSONAL COUNSEL. WANTED: OTH. PROBLEMS	367	33.8	523	45.9	895	40.7
WROTE IN SUGGESTION FOR HEALTH SERVICE	367	8.2	523	9.9	895	9.2

*Number responding. **Includes 5 sex unknown.

NEW YORK CITY DEPARTMENT OF HEALTH

TO BE COMPLETED BY SHAPE AIDE:

NAME OR NUMBER OF SCHOOL _____ BOROUGH SHAPE STUDENT ID

STUDENT'S NAME LAST FIRST M.I.

DATE OF BIRTH MON DAY YEAR SEX M F R/O W B A AI U

PARENT'S NAME LAST FIRST M.I.

ADDRESS HOUSE NUMBER STREET APT. NUMBER

ZIP CODE PHONE NUMBER MEDICAID NUMBER

NUMBER OF DAYS ABSENT IN PREVIOUS SCHOOL YEAR

HEARING IMMUNIZATION HISTORY: ADEQUATE INADEQUATE UNKNOWN

PLACE OF BIRTH: N.Y.C. USA (OTHER THAN N.Y.C.) OTHER (Please specify) _____

TO BE COMPLETED BY PHA:

HEIGHT INCHES

WEIGHT POUNDS

VISION

	WITH GLASSES/CONTACTS		WITHOUT GLASSES/CONTACTS	
LEFT				
RIGHT				
BOTH				

TO BE COMPLETED BY PHA OR AUDIOLOGIST:

AUDIOMETRIC

SWEEP 1. PASS 2. FAIL 3. NOT DONE

THRESHOLD 1. PASS 2. FAIL 3. NOT DONE

TO BE COMPLETED BY LAB TECHNICIAN:

LAB NUMBER

TO BE COMPLETED BY DENTAL HYGIENIST:

DECIDUOUS TEETH SUMMARY

Normal	Decayed	Missing	Filled

PERMANENT TEETH SUMMARY

Normal	Decayed	Missing	Filled

TO BE COMPLETED BY CLINICIAN: PHYSICAL EXAM, HISTORY, RECORD REVIEW

CONDITION	CONDITION PRESENT? YES	NO	NOT SURE	PREVIOUSLY KNOWN? YES	NO	NOT SURE	UNDER ADEQUATE CARE YES	NO	NOT SURE
UNDERNUTRITION (CLINICAL ESTIMATE)									
CARDIAC PROBLEM									
ORTHOPEDIC PROBLEM									
ASTHMA									
STRABISMUS									

WAS THIS CHILD EXAMINED BY A SHAPE CLINICIAN? YES NO

WAS A PARENT PRESENT? YES NO

TO BE COMPLETED BY PHN:

1. SOURCE OF REGULAR HEALTH CARE
   1. PRIVATE PHYSICIAN 2. MEDICAL GROUP 3. EMERGENCY ROOM 4. HOSPITAL CLINIC 5. NEIGHBORHOOD HEALTH CARE CENTER
   6. OTHER 7. UNKNOWN
2. SOURCE OF EMERGENCY HEALTH CARE
   1. PRIVATE PHYSICIAN 2. MEDICAL GROUP 3. EMERGENCY ROOM 4. HOSPITAL CLINIC 5. NEIGHBORHOOD HEALTH CARE CENTER
   6. OTHER 7. UNKNOWN
3. REFERRAL
   a) WAS OR WILL THE CHILD BE REFERRED FOR 1) MEDICAL 2) PSYCHOLOGICAL 3) SOCIAL SERVICES
   b) WAS OR WILL THE FAMILY BE REFERRED FOR 1) MEDICAL 2) PSYCHOLOGICAL 3) SOCIAL SERVICES

SHAPE 1

NEW YORK CITY DEPARTMENT OF HEALTH
NUTRITION QUESTIONNAIRE

Name or Number of School _____ ☐☐ Date _____

Grade: _____ ☐☐ Class: _____ ☐ Sex: Male ☐ Female ☐

Please indicate how often you eat the following foods:

FOOD GROUP	EAT EVERY DAY NUMBER OF TIMES PER DAY	IF LESS THAN ONCE A DAY, NUMBER OF TIMES/WEEK	LESS THAN ONCE A WEEK	NEVER
1. Soft drinks, carbonated or made with water & sugar, diet sodas				
2. Milk				
3. Orange juice, grapefruit, grapefruit juice, orange, cantaloupe, guava, mango, papaya, strawberries, broccoli, brussel sprouts, tomatoes, tomato juice, raw cabbage, green or red sweet pepper.				
4. Ice cream, cheese, cheese dishes, yogurt, pudding, ice milk, milk shakes				
5. Potato & corn chips, cheese puffs, salted pretzels, salted popcorn, or other salty snacks.				
6. Peanut butter, dried peas, beans, peanuts.				
7. Fruits & vegetables (except potatoes, corn, viandas) including cooked, canned raw, juices.				
8. Eggs				
9. Candy				
10. Desserts as cakes, pies, cookies, Danish.				
11. Hamburgers, hot dogs, meat, fish, poultry (all kinds).				
12. Cooked greens like spinach, collards, kale, turnip tops. (Do not include lettuce). Broccoli, carrots, sweet potatoes, pumpkin, winter squash, mango, persimmon, papaya, cantaloupe, water-cress.				
13. Rice, rolls, biscuits, muffins, cereals hot or cold, grits, rice, corn, pasta, potatoes, viandas				

14. Do you take vitamin or iron pills ☐ YES 1 ☐ NO 2

15. How often? ☐ Daily 1 ☐ 1-6 times a week 2 ☐ Less than once a week 3 ☐ Seldom or never 4

16. Are you on a special diet? ☐ YES 1 ☐ NO 2

17. If yes, what type? ☐ Allergy 1 ☐ Diabetic 2 ☐ Reducing 3 ☐ Other (specify) 4

18 Who recommended the diet? ☐ Physician 1 ☐ Other (specify) 2 _____

SHAPE 2

BEST COPY AVAILABLE

NEW YORK CITY DEPARTMENT OF HEALTH

TEEN HEALTH QUESTIONNAIRE

/DO NOT PUT YOUR NAME ON THIS FORM/

Your answers to the following questions will help us plan better school health services for New York City teenagers. Please answer all questions as well as you can. There is no right or wrong answer to any question. We are interested in your opinion and experiences. If you are uncomfortable with any question, please leave it blank and go on to the next question.

THIS IS A VOLUNTARY AND CONFIDENTIAL QUESTIONNAIRE. THIS QUESTIONNAIRE WILL NOT BE SEEN BY ANY SCHOOL TEACHER OR SCHOOL OFFICIAL AT ANY TIME.

1. YOUR SEX: ☐ Male 1 ☐ Female 2

2. YOUR RACE/ORIGIN: Hisp ☐ 1 White ☐ 2 Black ☐ 3 Asian ☐ 4 Amer. Ind ☐ 5 Unknown ☐ 6

3. YOUR AGE (at last birthday) ☐☐ years

4. Do you ever ride in a motor vehicle with a driver who has been drinking alcohol or using drugs? ☐ 1 Yes ☐ 0 No

   If so, how often? 1) ☐ very often 2) ☐ sometimes 3) ☐ rarely 4) ☐ not sure

5. How many times per week do you work, play or exercise hard enough to make you perspire and breathe heavily?

   0) ☐ less than once per week 1) ☐ one 2) ☐ two 3) ☐ three 4) ☐ four

   5) ☐ five 6) ☐ six 7) ☐ seven 8) ☐ eight or more times

6. In the past year how many times per week have you participated in sports activities outside of school hours? (for example, basketball, baseball, stickball, handball, soccer, wrestling, boxing, gymnastics, aerobics).

   0) ☐ none 1) ☐ one 2) ☐ two 3) ☐ three 4) ☐ four 5) ☐ five or more times

   6) ☐ not sure

7. How often do you have your teeth checked or cleaned in a dentist's office or clinic?

   1) ☐ never or very rarely 2) ☐ every two or three years 3) ☐ about once a year

   4) ☐ about twice a year

8. How good is your overall physical health?

   1) ☐ excellent 2) ☐ very good 3) ☐ good 4) ☐ fair 5) ☐ poor 6) ☐ not sure

9. When was the last time you consulted a physician?

   1) ☐ within the past year 2) ☐ between one and two years 3) ☐ not sure 4) ☐ never

10. How much help can you get from family, friends or other people if you have a problem or worry?

1) ☐ a very large amount 2) ☐ quite a bit 3) ☐ a moderate amount

4) ☐ a little bit 5) ☐ none at all 6) ☐ not sure

11. Have you experienced any of the following losses or problems in the past year?

☐ Yes (1) ☐ No (0)

Please check each one as it applies to you.

____Being put in a hospital
____A serious problem getting along with family, neighbors or other people
____One or more failing grades on report card
____A family divorce, separation or death
____Loss of a very close friend or relationship
____Some other serious problem or loss

12. How many hours of sleep do you usually get at night?

1) ☐ six hours or less 2) ☐ seven hours 3) ☐ eight hours 4) ☐ nine hours or more

13. How often do you have trouble getting enough:

a) privacy - 1) ☐ all the time 2) ☐ most of the time 3) ☐ sometimes 4) ☐ rarely
5) ☐ never 6) ☐ not sure

b) rest - 1) ☐ all the time 2) ☐ most of the time 3) ☐ sometimes 4) ☐ rarely
5) ☐ never 6) ☐ not sure

c) sleep - 1) ☐ all the time 2) ☐ most of the time 3) ☐ sometimes 4) ☐ rarely
5) ☐ never 6) ☐ not sure

14. How many times in the past year did you witness or become involved in a violent fight or attack, where there was a good chance of a permanent injury to someone?

0) ☐ never 1) ☐ once 2) ☐ twice 3) ☐ three times 4) ☐ four times

5) ☐ five or more times

15. How many parents, grandparents and other adults do you live with? ☐☐☐

16. How many brothers, sisters, cousins, and other young people do you live with? ☐☐☐

17. How many rooms do you have in your home? (Do not count bathrooms, porches, balconies, foyers, halls or half-rooms) ☐☐☐

1) ☐ one 2) ☐ two 3) ☐ three 4) ☐ four 5) ☐ five 6) ☐ six 7) ☐ seven

8) ☐ eight 9) ☐ nine or more

18. How long have you lived at your present address?

1) ☐ less than six months 2) ☐ six months to one year 3) ☐ more than one year

19. How many times have you <u>broken</u> one or more of your <u>bones</u>?

0) ☐ none 1) ☐ one 2) ☐ two 3) ☐ three 4) ☐ four 5) ☐ five or more times

20. How many times have you been <u>knocked out or unconscious</u> from an accident or other form of violence? 0) ☐ none 1) ☐ one 2) ☐ two 3) ☐ three 4) ☐ four 5) ☐ five or more times

21. Do you regularly smoke cigarettes now? ☐ Yes (1) ☐ No (0) If so, how many per day? ☐☐

22. If you drink alcoholic beverages, enter the average number of drinks per week of each:

☐☐ bottles or cans of beer per week
☐☐ glasses of wine per week
☐☐ mixed drinks or shots per week

23. Do you use <u>drugs</u>, <u>pills</u>, or other substances which affect your mood or feelings?

☐ Yes (1) ☐ No (0)

If yes, how often?

1) ☐ every day 2) ☐ almost every day 3) ☐ sometimes 4) ☐ rarely 5) ☐ not sure

24. Do you use marijuana? ☐ Yes (1) ☐ No (0)

If yes, how often?

1) ☐ every day 2) ☐ almost every day 3) ☐ sometimes 4) ☐ rarely 5) not sure

25. How good are your social skills? (For example, your ability to meet new people, to make introductions, to give and accept compliments, etc.)

1) ☐ very good 2) ☐ better than average 3) ☐ about average 4) ☐ worse than average

5) ☐ very bad 6) ☐ not sure

26. Do you live most of the time with someone who is not a blood relative or legal guardian? ☐ Yes (1) ☐ No (0)

27. Do you ever have sexual intercourse? ☐ Yes (1) ☐ No (0)

If yes, how often?

1) ☐ rarely 2) ☐ sometimes 3) ☐ almost every day 4) ☐ every day 5) ☐ not sure

28. When you do have sexual intercourse, how often do you use a birth control method?

1) ☐ always 2) ☐ quite often 3) ☐ sometimes 4) ☐ rarely 5) ☐ never

6) ☐ not sure 7) ☐ do not have sexual intercourse

29. (GIRLS ONLY) Have you ever been pregnant?

1) ☐ yes, once 2) ☐ yes, more than once 3) ☐ no

30. (GIRLS ONLY) Have you ever had an abortion?

1) ☐ yes, once 2) ☐ yes, more than once 3) ☐ no

31. (GIRLS ONLY) Have you ever had a baby?

1) ☐ yes, once 2) ☐ yes, more than once 3) ☐ no

32. (BOYS AND GIRLS) Do you have a baby or child of your own living with you now?

☐ Yes (1) ☐ No (0)

33. Have you ever had any kind of venereal disease?

a) gonorrhea (clap) - 1) ☐ yes, once 2) ☐ yes, more than once 3) ☐ no 4) ☐ not sure

b) syphilis - 1) ☐ yes, once 2) ☐ yes, more than once 3) ☐ no 4) ☐ not sure

c) herpes - 1) ☐ yes, once 2) ☐ yes, more than once 3) ☐ no 4) ☐ not sure

d) other - 1) ☐ yes, once 2) ☐ yes, more than once 3) ☐ no 4) ☐ not sure

34. Please check the number of each of the services you would like to have in your school:

1. ___ Regular physical examinations
2. ___ Examinations for illness or things you are worried about
3. ___ Classroom teaching about the human body including sex
4. ___ Classroom teaching about VD and abortion
5. ___ Classroom teaching about growth and the changes of adolescence
6. ___ Classroom teaching about the use of drugs, alcohol, and tobacco
7. ___ Classroom teaching about good nutrition for teenagers
8. ___ Personal counselling about sex, VD, birth control, and abortion
9. ___ Personal counselling about nutrition, growth, skin problems, and other teenage concerns.
10. ___ Personal counselling about drugs, alcohol, and smoking
11. ___ Personal counselling about other life problems
12. ___ Your suggestion for additional health services _____

_____

_____

_____

THIS FORM MUST BE RETURNED TO SCHOOL WITHIN ONE WEEK

Department of Health – The City of New York

NAME OF CHILD (Last) (First) (Middle)			DATE OF BIRTH Mon./Day/Year	MALE ☐ FEMALE ☐
NAME OF PARENT OR GUARDIAN (Last) (First)			RELATIONSHIP TO CHILD:	
ADDRESS	APT. NO. OR FLOOR	BOROUGH	ZIP CODE	TELEPHONE: HOME: _____ WORK: _____
NAME OR NUMBER OF SCHOOL	BOROUGH	GRADE/CLASS	LANGUAGE SPOKEN AT HOME:	
PLACE OF BIRTH: N.Y.C. ☐	U.S.A. (other than N.Y.C.) ☐		Other (please specify) _____	

Dear Parent or Guardian:

The New York City Department of Health, with the cooperation of the Board of Education is conducting a special study of school health needs in selected schools throughout the City. Children from kindergarten, first, third, seventh, and tenth grades in these schools will be included in the study.

Each child will receive:

- A medical history and examination by a Department of Health physician or pediatric nurse associate.
- Measurement of height and weight.
- Screening tests for vision and hearing.
- Dental screening by a dental hygienist.
- A blood test for anemia and measles immunity (drawn from a finger prick)
- For children in kindergarten, first and third grades only, a screening test for lead poisoning.
- For seventh and tenth grade students, two written questionnaires will be given on a voluntary basis. One concerns their daily eating habits. The other contains questions about their health needs and health behavior in other areas, some of which are sensitive and personal (such as smoking, alcohol or drug use, venereal disease, and birth control). Answers to these questions will be anonymous and cannot be traced back to any particular student.

We need your signed permission to carry out these tests. You will be notified of the date and time of your child's examination, and if possible you should be present.
PLEASE SIGN THE CONSENT BELOW, AND COMPLETE BOTH SIDES OF THIS FORM.

All information gathered from the medical history, physical examination, laboratory tests and questionnaires will be kept confidential except for medical information shared with the school staff to assure proper management and follow-up of any specific medical problems. A report will be given to you at the time of the examination, or sent to you if you are unable to be present.

I _____ hereby consent to the above tests, questionnaires, and examinations to my child _____ and for the sharing of any medical information with the school staff necessary for follow-up and management of my child's problems.
Signed _____ Date _____

PLEASE FILL IN THE HEALTH QUESTIONNAIRE BELOW AND RETURN WITHIN ONE WEEK. This will permit our staff to be better prepared to examine your child. We may have further questions on your child's health at the time of the examination.

Please check all family illnesses or health problems (parents, grandparents, brothers, sisters, aunts, uncles):

High Blood Pressure ☐ Diabetes ☐ Cancer ☐ Heart Disease ☐
Psychiatric Problem ☐

HAS CHILD HAD OR DOES CHILD NOW HAVE ANY OF THE FOLLOWING CONDITIONS?
(Please check all appropriate boxes)

- ☐ Chicken pox
- ☐ Measles
- ☐ Mumps
- ☐ Rubella (German measles)
- ☐ Allergies (specify)
  - Asthma ☐
  - Other ☐
- ☐ Frequent colds or sore throats
- ☐ Ear infections
- ☐ Trouble hearing
  Does child wear a hearing aid?
  Yes ☐ No ☐
- ☐ Convulsions
- ☐ Rheumatic Fever
- ☐ Heart trouble
- ☐ Orthopedic problems
  (bone, joint or muscle problems)
- ☐ Bronchitis
- ☐ Tuberculosis
- ☐ Eye or vision problems
  Does child wear eyeglasses or contact lenses? Yes ☐ No ☐
- ☐ Speech problem
- ☐ Urinary tract problem
- ☐ Intestinal parasites (worms)
- ☐ Dental pain
- ☐ Serious illnesses
  (specify and give dates)
  _____
  _____
- ☐ Operations
  (specify and give dates)
  _____
  _____
- ☐ Serious accidents
  (specify and give dates)
  _____
  _____
- ☐ Other problems or handicapping conditions (specify)
  _____
  _____

Is child now under regular medical care? Yes ☐ No ☐
Name of doctor, hospital or clinic _____
Address _____

Where do you go for dental care? Name of dentist or clinic _____

Is child now taking any regular medication? Yes ☐ No ☐
Specify what type of medication _____

BCG vaccination Date _____ Tuberculin test Positive ☐ Negative ☐
Date of last test _____

Do you have Medicaid? Yes ☐ No ☐ Medicaid Number ☐☐☐☐☐☐☐☐☐☐☐☐

For girls only: Have menstrual periods begun? Yes ☐ No ☐
If yes, at what age? _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

FAVOR DE DEVOLVER ESTE FORMULARIO A SU ESCUELA ANTES DE UNA SEMANA
Departamento de Salud - Ciudad de Nueva York

Nombre del niño (apellido) (nombre)	Fecha de nacimiento / /	Varón ☐ Hembra ☐
Nombre del Padre o Tutor (apellido) (nombre)	Relación con el niño:	
Dirección No. de Apt. / Condado / Zona Postal	Teléfono: Hogar: Trabajo:	
Nombre de escuela / Condado / Grado/Clase	Idioma hablado en su casa	
Lugar de nacimiento NYC ☐ USA (Si no es NY) ☐	Otro (espesifique)	

Estimado Padre o Tutor:

El departamento de salud de la ciudad de Nueva York, en cooperación con La Junta de Educación, Diócesis de Brooklyn, estará haciendo un estudio sobre la salud en diversas escuelas de la ciudad. Para este estudio serán incluidos niños de: Kindergarden, primero, Tercero, séptimo, óctavo y décimo grado.

Cada niño recibira:

- Un historial y examen médico hecho por un médico del Deptartamento de salud, o enfermera asociada.
- Medida de altura y de peso
- Prueba de audición y de la vista
- Examen dental
- Examen de sangre para padecimiento de anemia y para ver la imunidad al sarampión (extraido de un dedo).
- Un examen especial se hará a niños de Kindergarden, primero y tercer grado para posible envenenameinto con plomo.
- Para los niños de séptimo y décimo grado, se repartirán dos questionarios que podrán completar si así lo desean. Uno será en relación a sus hábitos de comida. El otro será más personal (en relación al uso de alchol, fumar, uso de drogas, enfermedades venereas, y contraceptivos).

Las contestaciones a estas serán confidencial y no se usarán en contra de estudiante alguno.

Para llevar acabo estas pruebas, es necesario su permiso por escrito. Usted será notificado del día y hora en que éstos examenes se llevarán acabo. Y si es posible, usted podra estar presente para los mismos.

FAVOR DE FIRMAR EL PERMISO DESPUES DE HABER COMPLETADO AMBOS LADOS

Toda la información adquirida através del historial médico, examen físico, y de laboratorio, permanecerán confidenciales. Excepto aquella información médica que podra serle útil al personal de la escuela para así evitar problemas médicos específicos. Un informe del examen se le enviará en caso de que no pueda estar presente.

Yo_____ doy mi permiso para que se hagan los examenes, questionarios y pruebas que sean necesarias a mi hijo(a)_____ y para que el personal de la escuela consulte aquella información médica que pueda ayudar en alguna manera a el problema de mi niño(a).

Firma:_____ Fecha:_____

SHAPE 4-8 (8/83)

Favor de llenar el siguiente questionario sobre la salud y devolverlo en ó antes de un semana. Esto le fasilitará a nuestros empleados a estar mejor preparados para examinar a su niño. Otras preguntas sobre la salud de su niño se harán al momento del examen.

Favor de marcar todos los padezimientos familiares o problemas de salud en (padres, abuelos, hermanos, hermanas, tias, tios).

Alta pressión ☐ Diabetes ☐ Cáncer ☐ Enfermedad del corazón ☐

Problemas sicológicos ☐

¿ Alguna vez ha tenido su hijo(a) alguna de estas condiciones medicas?
(favor de marcar aquellas que le correspondan)

☐ Variselas
☐ Sarampión
☐ Paperas
☐ Sarampión alemán
☐ Alergias
  Asma ☐
  Otro ☐
☐ Dolores de garganta o catarros frequentes
☐ Infecciones de oido
☐ Problemas de audición
☐ Usa su niño audífono? Si ☐ No ☐
☐ Convulciones
☐ Fiebre reumatica
☐ Problemas del corazón
☐ Ortopédico (Huesos, coyunturas, musculos)
☐ Bronquitis
☐ Tuberculosis
☐ Problemas de la vista (usa su nino espejuelos o lentes de contacto) Si ☐ No ☐
☐ Problemas del habla
☐ Problemas urinarios
☐ Parásitos
☐ Dolores de la dentadura
☐ Enfermedades serias (espesifique y de fecha)
  _____
  _____
☐ Operaciones (espesifique)
  _____
☐ Accidentes serios (espesifique)
  _____
☐ Otros problemas o enpedimientos (espesifique)

¿ Esta su niño bajo cuidado medico actualmente? Si ☐ No ☐
Nombre del médico, hospital, o clinica_____
_____
Dirección_____

¿ Donde va usted para cuidado dental?_____

Esta su niño bajo alqun tipo de medicamento_____

Vacuna de BCG Fecha_____ Prueba de Tuberculosis_____
Positivo ☐ Negativo ☐
Fecha de ultima prueba_____

Tiene tarjeta de medicaid? Si ☐ No ☐ Numero de Medicaid | | | | | | | | | | | | |

Solamente para ninas: Ha comenzado su ciclo menstrual? Si ☐ No ☐
A que edad comenzo_____

FAVOR DE COMPLETAR AMBOS LADOS DE ESTE QUESTIONARIO

The City of New York—Department of Health
SHAPE PROJECT
CLASS CONTROL SHEET

SCHOOL	DISTRICT	GRADE	CLASS	TOT. REG. IN CLASS	START DATE	FINISH DATE

NAME OF STUDENT	DATE OF BIRTH	CONSENT IN	ABSENCE		SHAPE COMPONENTS COMPLETED (Note: Mark "X" As Each Examination Is Completed)											REMARKS
									LAB. TESTS			DENTAL	PHYS. EXAM.		PHN COMP.	
			1st.	2nd	Hgt.	Wgt.	Vision	Audio	Hemoglobin	Lead Poison	Measles		MAE	SHAPE		
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																
10.																
11.																
12.																
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26.																
27.																
28.																
29.																
30.																

SHAPE 5

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
SCHOOL CHILDREN'S HEALTH PROGRAM
125 WORTH STREET BOX 25
NEW YORK, NEW YORK 10013

November 16, 1983

John Doe
123 4th Street
Anytown, New York

DEAR PARENT,

THANK YOU FOR YOUR COOPERATION IN THE SHAPE HEALTH SURVEY.

I AM HAPPY TO REPORT THAT NO NEW CONDITIONS WERE FOUND AS A RESULT OF YOUR CHILD'S PHYSICAL EXAMINATION AND VISION* AND HEARING SCREENING. THE BLOOD TESTS ON YOUR CHILD SHOWED NO ANEMIA OR LEAD POISONING.

YOU WILL BE NOTIFIED IF CAVITIES WERE IDENTIFIED DURING THE DENTAL SCREENING. PLEASE NOTE THAT A DENTAL SCREENING IS NOT A SUBSTITUTE FOR A DENTAL EXAMINATION BY A DENTIST. YOU ARE ADVISED TO BRING YOUR CHILD TO YOUR FAMILY DENTIST FOR REGULAR CARE.

THE MEASLES IMMUNITY TEST HAS NOT YET BEEN COMPLETED. YOU WILL BE NOTIFIED IF YOUR CHILD IS NOT IMMUNE TO MEASLES.

PLEASE DO NOT HESITATE TO CALL ME IF ANY HEALTH PROBLEMS ARISE. THE SCHOOL CHILDREN'S HEALTH PROGRAM IS HERE TO ASSIST YOU.

SINCERELY,

Jane Smith
Public Health Nurse
P.S. 1000
Anytown, New York

CHILD'S NAME: John Doe, Jr.
BIRTHDATE: 1/4/76

*NOTE: IF YOUR CHILD USUALLY WEARS GLASSES, THE VISION TEST WAS GIVEN WITH GLASSES.

SHAPE 6a

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
SCHOOL CHILDREN'S HEALTH PROGRAM
125 WORTH STREET BOX 25
NEW YORK, NEW YORK 10013

November 16, 1983

John Doe
123 4Th Street
Anytown, New York

DEAR PARENT,

THANK YOU FOR YOUR COOPERATION IN THE SHAPE HEALTH SURVEY.

I AM HAPPY TO REPORT THAT NO NEW CONDITIONS WERE FOUND AS A RESULT OF YOUR CHILD'S PHYSICAL EXAMINATION AND VISION AND HEARING SCREENING. THE BLOOD TEST ON YOUR CHILD SHOWED NO ANEMIA.

YOU WILL BE NOTIFIED IF CAVITIES WERE IDENTIFIED DURING THE DENTAL SCREENING. PLEASE NOTE THAT A DENTAL SCREENING IS NOT A SUBSTITUTE FOR A DENTAL EXAMINATION BY A DENTIST. YOU ARE ADVISED TO BRING YOUR CHILD TO YOUR FAMILY DENTIST FOR REGULAR CARE.

THE MEASLES IMMUNITY TEST HAS NOT YET BEEN COMPLETED. YOU WILL BE NOTIFIED IF YOUR CHILD IS NOT IMMUNE TO MEASLES.

PLEASE DO NOT HESITATE TO CALL ME IF ANY HEALTH PROBLEMS ARISE. THE SCHOOL CHILDREN'S HEALTH PROGRAM IS HERE TO ASSIST YOU.

SINCERELY,

Mary Smith
Public Health Nurse
J.H.S. 1000
Anytown, New York

CHILD'S NAME: Susan Doe
BIRTHDATE: 1/5/71

*NOTE: IF YOUR CHILD USUALLY WEARS GLASSES, THE VISION TEST WAS GIVEN WITH GLASSES.

SHAPE 5A

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
SCHOOL CHILDREN'S HEALTH PROGRAM
125 WORTH STREET BOX 25
NEW YORK, NEW YORK 10013

November 16, 1983

John Doe
123 4th Street
Anytown, New York

DEAR PARENT,

THANK YOU FOR YOUR COOPERATION IN THE SHAPE HEALTH SURVEY.

I AM HAPPY TO REPORT THAT NO NEW CONDITIONS WERE FOUND AS A RESULT OF YOUR CHILD'S PHYSICAL EXAMINATION AND VISION AND HEARING SCREENING. THE BLOOD TEST ON YOUR CHILD SHOWED NO ANEMIA.

YOU WILL BE NOTIFIED IF CAVITIES WERE IDENTIFIED DURING THE DENTAL SCREENING. PLEASE NOTE THAT A DENTAL SCREENING IS NOT A SUBSTITUTE FOR A DENTAL EXAMINATION BY A DENTIST. YOU ARE ADVISED TO BRING YOUR CHILD TO YOUR FAMILY DENTIST FOR REGULAR CARE.

THE MEASLES IMMUNITY TEST HAS NOT YET BEEN COMPLETED. YOU WILL BE NOTIFIED IF YOUR CHILD IS NOT IMMUNE TO MEASLES.

SINCERELY,

Alice Smith
Supervising Public Health Nurse
Anytown High School
Anytown, New York

CHILD'S NAME: Anne Doe
BIRTHDATE: 1/4/67

*NOTE: IF YOUR CHILD USUALLY WEARS GLASSES, THE VISION TEST WAS GIVEN WITH GLASSES.

SHAPE 6C

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
SCHOOL CHILDREN'S HEALTH PROGRAM
125 WORTH STREET
NEW YORK, NEW YORK 10013

Date _____

Dear Parent:

Thank you for your cooperation in the SHAPE health survey. You may have already been informed and counselled about most of the findings; or you may have already received a separate letter about specific findings. If not, the results given below will need your special attention.

For any questionable or abnormal finding, I will be in touch with you to help you plan the best way to follow through and get the needed medical care. Please be thinking about this yourself. If you have further information to give, or questions you want to ask, please call me at _____ on _____ between the hours
(phone number) (day)
of _____ and _____.

Or you may call the nursing supervisor at _____.
(phone number)

Sincerely,

_____
School Nurse

REPORT OF HEALTH FINDINGS

Child's Name _____
(Last) (First) (Middle)

Birthdate: _____

CONDITION	NORMAL	QUESTIONABLE OR ABNORMAL	NOT DONE
Vision			
Hearing			
Anemia			
Lead Poisoning			
Physical Examination			
Orthopedic			
Cardiac			
Nutrition			
Asthma			

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF DENTISTRY
93 WORTH STREET
NEW YORK, NEW YORK 10013

Date_____

Dear Parent:

Thank you for your cooperation in the SHAPE health survey. If you were present at the dental screening of your child, you already have been informed and counselled about the findings. If not, I am taking this opportunity to inform you that the dental screening of your child _____, Birth Date_____, revealed decayed or possibly decayed teeth.

A dental screening is not a substitute for a dental examination by a dentist. Therefore, you are being advised to bring your child to your family dentist for follow-up of the screening findings.

If you are unable to obtain dental care for your child elsewhere, and want your child seen by a Department of Health dentist, you may complete the attached form and return it to me at_____ _____.

Sincerely,

_____

SHAPE 6 E

NEW YORK CITY DEPARTMENT OF HEALTH
SHAPE PROJECT – BOX 37 Att: Olive Pitkin, M.D.
125 Worth St., New York, N.Y. 10013

SCHOOL _____

Date: _____

DHC _____

DSN _____ Tel. No. _____

LAB. NO.	STUDENT NAME (LAST) (FIRST) (M.I.)	FEP/LEAD SPEC. TAKEN	FEP/LEAD RESULTS (µg/dl) FEP	FEP/LEAD RESULTS (µg/dl) MICRO (pb)	HEMATOCRIT SPEC. TAKEN	HEMATOCRIT RESULTS (%)	MEASLES-IMMUNE STATUS SPEC. TAKEN	MEASLES-IMMUNE STATUS RESULTS (*)
74								7.5

Tests Performed By: _____

Date Test Done: _____

(*) titer ≥ 1:8 is compatible with immunity

Shape 7

New York City Department of Health
SHAPE Project - School Children's Health Program
125 Worth Street
New York, New York 10013

Name of Child _____ Date of Birth _____

Class _____

Dear Parent:

You are requested to be present at the SHAPE (School Health Assessment Planning and Evaluation) examination of your child on _____ at _____ O'clock.

The examination will be held in the _____.

We are happy that you and your child are participating in the SHAPE Project. We are looking forward to meeting you.

_____
Public Health Nurse

SHAPE 8

INSTRUCTIONS
FOR
COMPLETION OF SHAPE 1

The SHAPE Aide, PHA, Audiologist Laboratory Technician, Clinician (M.D. or PNA), and Public Health Nurse, all complete sections of the SHAPE 1.

Please Print. Press Hard and Print Clearly.

Please Be Sure to Initial Your Section Next to Your Title of Function.

TO BE COMPLETED BY SHAPE AIDE:

NAME OR NUMBER OF SCHOOL: Write in School Number or School Name

BOROUGH: Enter Borough of School in Box 1

Manhattan - Enter 1
Bronx - Enter 2
Brooklyn - Enter 3
Queens - Enter 4
Richmond/
Staten Island - Enter 5

SHAPE STUDENT I.D: 2-8

Enter SHAPE Student I.D. Number in Boxes 2-8

2-3 Enter School Number or Name as follows:

(School 1) - Enter 01
(School 2) - Enter 02
(School 3) - Enter 03
(School 4) - Enter 04
(School 5) - Enter 05
(School 6) - Enter 06
(School 7) - Enter 07
(School 8) - Enter 08
(School 9) - Enter 09
(School 10) - Enter 10
(School 11) - Enter 11
(School 12) - Enter 12

In Box 4 - Enter Grade as follows:

Kindergarten - Enter 2
Grade 1 - Enter 1
Grade 3 - Enter 3
Grade 7 - Enter 4
Grade 10 - Enter 0
Special Ed. Classes - Enter 5

In Box 5-6 - Enter Class Number

Class Number will be based on number to be assigned by SHAPE office. Each team leader should call Lorraine Chun at 566-8170 as soon as class organization list is obtained. Lorraine Chun will assign two digit numbers by phone.

7-8 In Box 7-8 - Enter Student Number from class control sheet (SHAPE 5). If there are more than 30 students in a particular class, use a second SHAPE 5 form and continue numbering beginning with 31, 32, etc. (Cross out numbers 1-30).

STUDENT'S NAME: 9-36

Print Student's Last Name in Boxes 9-23

Print Student's First Name in Boxes 24-35

Print Student's Middle Initial (if any) in Box 36

If no Middle Initial - Enter a "9".

DATE OF BIRTH: 37-42 - Enter Student's Date of Birth

Enter Month of Birth in Boxes 37-38

January	- Enter 01	July	- Enter 07
February	- Enter 02	August	- Enter 08
March	- Enter 03	September	- Enter 09
April	- Enter 04	October	- Enter 10
May	- Enter 05	November	- Enter 11
June	- Enter 06	December	- Enter 12

Enter Day of Birth in Boxes 39-40

Enter directly i.e. -

1 = 01
5 = 05
10 = 10
31 = 31

Enter Year of Birth in Boxes 41-42

Enter directly last two digits of year, i.e:

1968 = 68
1970 = 70
1975 = 75

SEX: 43 Check one Box for Sex of Student

If male - Check Box 1
If female - Check Box 2

R/O: 44 R/O = Race/Origin of Student

Note: Will be completed by the PHA at time of Height & Weight Measurement

PARENT'S NAME: 45-72

45-59 Print Parent's Last Name in Boxes 45-59

60-71 Print Parent's First Name in Boxes 60-71

72 Print Parent's Middle Initial (if any) in Box 72
If No Middle Initial - Enter "9".

PARENT'S ADDRESS: 73-105

73-79 Print the House Number of Parent Address

80-102 Print The Street of Parent Address

103-105 Print the Apartment Number of Parent

ZIP-CODE: 106-110

Enter the Zip-Code of Parents

If Unknown - Leave Blank and Write Borough

NOTE: C/O If Mailing Address is care of another individual, Write C/O above Parent's Last Name. e.g.: C/O - Johnson

PHONE NO: 111-117

Enter the Phone Number of Parent

If No Phone Number, Enter X in Box 111

MEDICAID NUMBER: 118-128

Enter the Medicaid Number of Student

This is an eleven digit number in New York City
Out-of-City - It is an eight digit number
It will consist of letters and numbers.

If on Medicaid, but Number is Unknown, Enter Y in Box 118

If not on Medicaid or Status Unknown, Enter X in Box 118

NUMBER OF DAYS ABSENT IN PREVIOUS SCHOOL YEAR: 129-131

Enter the Number of Days Absence this Student had in the previous school year, i.e.:

2 Days - 002 .
10 Days - 010
Unknown - Code 9 in Box 129

MEASLES IMMUNIZATION HISTORY: 132

Check Box corresponding to Student's Measles Immunization History:

Recorded on 103S or 104S = Adequate - 1
Inadequate - 2 Not to be Used
Unknown - 3

PLACE OF BIRTH: 133

Check Box corresponding to Where the Student Was Born:
New York City - 1
United States but not N.Y.C. - 2
Other - 3
Specify Other - Enter Location or Unknown

BEST COPY AVAILABLE

TO BE COMPLETED BY PHA

HEIGHT: 134-136

Enter height to nearest quarter of inch
Box 134-135 will contain height in inches
Box 136 will contain a "0" if student has no fractional height
1/4 if student is 1/4 inch over
2/4 if student is 1/2 inch over
3/4 if student is 3/4 inch over

WEIGHT: 137-140

Enter weight to nearest quarter of lb over
Box 137-139 will contain weight in full pounds
Box 140 will contain a "0" if student has fractional weight
1/4 if student has 1/4 lb over
2/4 if student has 1/2 lb over
3/4 if student has 3/4 lb over

VISION: 141-176

141-146 with glasses - left eye
147-152 without glasses - left eye
153-158 with glasses - right eye
159-164 without glasses - right eye
165-170 with glasses - both eyes
171-176 without glasses - both eyes

if 20/20, enter 020 020
if 20/40, enter 020 040
if 20/100, enter 020 100

R/O: (Race/Origin)-44 - Check one box

First check if student is Hispanic - check Box H or 1
Hispanic is Puerto Rican, Mexican, Cuban, South or Central America) excluding Brazil. (Hispanic may be Black or White)

If student is not Hispanic and is White - check Box W or 2

If student is not Hispanic and is Black - check Box B or 3

If student is not Hispanic and Asiatic - check Box A or 4
(Asiatic may be Chinese, Korean, Vietnamese, Japanese, Indian)

If student is American Indian - check Box AI or 5

If race or origin or descent of student is unknown - Check Box U or 6.

To Be Completed by PHA or Audiologist

AUDIOMETRIC:

177 - Sweep Test: if student passes , code 1
if student fails, code 2
if test is not done, code 3

178 - Threshold Test : if student passes, code 1
if student fails, code 2
if test is not done, code 3

If student passes Sweep Test, Threshold test will not be done. If student fails Sweep Test, Threshold Test will be done. If student fails the Threshold test, he/she will be referred for further diagnosis and treatment.

To Be Completed by Lab Technician

LAB NUMBER: 179-183'

Enter five digit number that is also to appear on SHAPE 7, first column.

If specimen is not taken, enter X in column I79.

NOTE: Preprinted lab number should be affixed to the right of this section.

To Be Completed By Dental Hygienist

DECIDUOUS TEETH SUMMARY: 184-191 (Not evaluated for 7th & 10th gr.) (Evaluated for Kg,1,3, Special Ed if applicable)

184-185 Enter Number of Normal Teeth
If not examined, enter 9 in Box 184
186-187 Enter Number of Decayed Teeth
188-189 Enter Number of Missing Teeth
190-191 Enter Number of Filled Teeth

PERMANENT TEETH SUMMARY: 192-199 (Evaluation for all grades)

192-193 Enter Number of Normal Teeth
If not examined, enter 9 in Box 192
194-195 Enter Number of Decayed Teeth
196-197 Enter Number of Missing Teeth
198-199 Enter Number of Filled Teeth

CODES: if none found, enter 00.
if one found, enter 01.
if 10 found, enter 10.

To Be Completed by Clinician

CONDITIONS: 200-214

Under Nutrition: 200-202

200 Is this condition present? Check yes if yes 1
Check no if no 2'
Check not sure if not sure 3

201 Was undernutrition previously known?
Check one box - Yes 1
No 2
Not sure 3

202 Is student under adequate care for undernutrition?
Check one box - Yes 1
No 2
Not sure 3

Cardiac Problem: 203-205

203 Is this problem present?
Check one box - Yes 1
No 2
Not sure 3

204 Was cardiac problem previously known?
Check one box - Yes 1
No 2
Not sure 3

205 Is student under adquate care fbr cardiac problem?
Check one box - Yes 1
No 2
Not Sure 3

Orthopedic Problem: 206-208

206 Is this problem present?
Check one box - Yes 1
No 2
Not sure 3

207 Was orthopedic problem previously known?
Check one box - Yes 1
No 2
Not sure 3

208 Is student under adequate care for orthopedic problems?
Check one box - Yes 1
No 2
Not sure 3

Asthma: 209-211

209	Condition Present?	1 2 3
210	Previously known	1 2 3
211	Under adequate care	1 2 3

Strabismus: 212-214

212	Condition present	1 2 3
213	Previously known	1 2 3
214	Under adequate care	1 2 3

215 Was this child examined by a SHAPE clinician?
Check box - Yes 1
No 2

216 Was a parent present (at the examination)?
Check box - Yes 1
No 2

To Be Completed By PHN

SOURCE OF REGULAR HEALTH CARE: 217

217 What is the source of regular health care for this student?
Enter in Box - ONE of the following:

If Private Physician , enter	1
If Medical Group,enter	2
If Emergency Room,enter	3
If Hospital Clinic, enter	4
If Neighborhood Health Care Center, enter	5
If Other than above, enter	6
If unknown, enter	7

SOURCE OF EMERGENCY HEALTH CARE: 218

218 What is the source of emergency health care for this student?
Enter in box - ONE of the following:

If Private Physician	1
If Medical Group	2
If Emergency Room	3
If Hospital Clinic	4
If Neighborhood Health Care Center	5
If Other than above	6
If Unknown	7

REFERENCE: 219-224

Was or will the child be referred for:

219	Medical	Enter 1 if Yes
220	Psychological	Enter 0 if No Referral
221	Social Services	

Was or will the family be referred for:

222	Medical	Enter 1 if Yes
223	Psychological	Enter 0 if No Referral
224	Social Services	

New York City Department of Health
Nutrition Questionnaire

Instructions for Teachers

The major aim of the dietary questions is the identification of the proportion of children with unusual or monotonous diets that are most likely to be deficient or excessive in one or more nutrients.

The questions are not meant to determine the child's qualitative intake of calories or specific nutrients.

Procedure in administering questionnaire

It is preferable for the questions to be asked verbally, with clarification as needed. Avoid suggestions that prompt desirable answers, or expressions that indicate approval or disapproval of answers given.

I. Food groups and frequency of intake

Explain that these include all the foods eaten at home, school and other places, with meals and snacks in-between meals.
The children are to count up the number of times a day or a week that they usually eat (or drink) the food and record the number in the appropriate column. If eaten less than once a week, place a check (✓) in one of the last 2 columns. Some foods appear in more than one group and should be counted in each group.

1. Soft drinks - includes all kinds of soda pop, regular or diet, sweetened beverages as fruit punches and ades, and powders reconstituted with water. Do not include frozen orange and grapefruit concentrates - these are included in group 3.
2. Milk - this includes milk on cereal or as a beverage, either plain or flavored as in coffee.
3. Includes fresh, frozen, canned juices.
4. Cheese etc. - this includes all kinds, hard, processed, cottage, but not cream cheese.
   Cheese dishes include pizza, sandwiches, cheese burgers, macaroni and cheese, lasagna.
5. Salty snacks - include salted pretzels, salted nuts and all types of crackers and chips that are obviously salted.
6. Dried legumes - includes lentils, split peas, garbanzos or chick peas, kidney and other dried beans, baked beans, etc.
7. Fruits and vegetables - includes any kinds of fruits, fruit juices and vegetables except white potatoes, corn, and viandas. Includes fresh, frozen, canned, cooked, raw, eaten with or between meals.
8. Eggs - count 1 egg as 1 time; 2 eggs as 2 times, etc.
9. Candy - all kinds, including gum.

10. Desserts - includes pies, cakes, cookies, sweet buns, danish pastry.

11. Meats, poultry, fish - includes all kinds, beef, pork, ham, lamb, liver, hot dogs, cold cuts, chicken, turkey, all kinds of fish both fresh and canned including tuna. Count up the number of times any of these are eaten, including in sandwiches, burgers, mixed dishes, salads, stews, spaghetti meat sauces,etc. Do not include soups.

12. Count up the number of times any of the foods listed are eaten, either cooked or raw except greens specified cooked. Note list does not include lettuce.

13. Breads etc. - includes all kinds of breads, rolls, hamburger buns, tacos, tortillas, pita, matzo, eaten plain or in sandwiches; all kinds of cereals both hot and cold; all macaroni products, spaghetti, noodles; corn, white potatoes and viandas.

INSTRUCTIONS FOR PERSONS ADMINISTERING THE TEEN HEALTH QUESTIONNAIRE

(NOTE: Please, read these instructions to the students before administering the questionnaires.)

"The Health Department , as you know, is running a health survey of students of certain grades in certain schools in the city and you are among these students in the sample that is being tested. As part of the survey, we would like you to fill out this questionnaire that asks about your daily habits and conditions that may affect your health. Some of the questions are very personal.

We have your parents' permission to complete the questionnaire, but do not have to do it if you are not willing. We hope you are willing, because we need the information to make plans for a better health program for the school. Everything you put on these questionnaires will kept completely confidential. You will notice that there is no space for your name, so there is no way for anyone to know what your personal answeres are. When you have filled the answers in, I am going to collect the papers myself and take them out of the school today. The answers will be printed on a computer but no one will ever know who made what answers. So we hope you will be quite honest in giving us this information. It will really be helpful.

Please answer all the questions as well as you can. There is no right or wrong answer to any question;we just want to know what your opinion or your experience is. If you don't understand what a question means,or you are very uncomfortable about it, just don't answer that one."

Definitions, Standards, Guidelines
DMF--def Counts for SHAPE

NORMAL — For the purpose of the SHAPE DMF/def count, NORMAL means that the tooth is present in the mouth and has neither decay or has been previously filled.

DECAYED — This term signifies the presence of untreated decay. A tooth with a temporary filling is to be counted as DECAYED. Obvious decay is easily recognizable. When mirror and explorer are used to determine tooth status, consider the tooth DECAYED if the explorer catches and holds unsupported.

All teeth must be dried by compressed air prior to and during the screening.

FILLED — This term signifies the presence of a filling or fillings in the tooth. A tooth having a filling(s) and that is also decayed, is counted in the DECAYED group ONLY, and not at all in the FILLED category.

MISSING — Teeth missing because of the consequences of untreated caries or other caries related factors are the only ones that are to be entered in the MISSING count.

Permanent teeth congenitally missing, lost as a result of trauma, or extracted for orthodontic reasons are NOT to be entered in the MISSING count. Screeners must question all 7th and 10th graders about missing bicuspids and all children about missing permanent anterior teeth.

Deciduous teeth that have exfoliated are not to be counted as MISSING. Deciduous teeth about to be exfoliated are not to be in the def count.

FRACTURED ANTERIORS — Inasmuch as the purpose of SHAPE includes determination of treatment need, fractured anteriors that require restoration will be counted in the DECAYED group. If the fracture is minimal, that is, in enamel, and does not require restoration, the tooth will not be counted as DECAYED, unless it has caries as well.

SHAPE

1. SHAPE = School Health Assessment Planning and Evaluation.

2. Dental Component - DMF/def count; Referral-Followup

3. Dental Component - Hygienist using Mirror, Explorer, Dental Light Portable, Compressed Air (Portable Compressor), Cotton Rolls. Dental Assistant.

4. Prepared, bagged autoclaved mirrors, explorers, cotton rolls.

5. Definitions and Standards for Dental Component

6. SHAPE Schools (Grades in Sample = Kg., 1, 3, 7, 10, Sp. Ed.)

7. Consents will be obtained by SHAPE because of use of Mirror-Explorer.

8. Screening - Inspection - not an examination.

9. Schools - Grades - Numbers (Maximum).

Hygienist

1. Enters DMF/def count on SHAPE Form

2. Keeps separate list with name, address, Tel. No., Class, Medicaid No., Priority (0, 1, 2) value.

3. If parent present - informs parent of screening (a) make sure to say - not an exam - should see DDS for checkup as usual. (b) if positive findings - inform parent as in (a) above; refer to family DDS and if parent cannot obtain care - inform of DOH clinic and give BD 112 ----return BD 112 to hygientist - give letter SHAPE 6E dental at this time. (c) if parent didnot show up and if negative SHAPE will send letter (d) if positive - send letter SHAPE 6c dental.

4. Followup the referral -

   a) to private sector where applicable
   b) to our clinics
   c) to other community resources--. Each of SHAPE involved Hygienist will receive material about community resources.

September, 1983

SHAPE 7

INSTRUCTIONS FOR USING NUMBERED LABELS

FOR FORMS AND TESTS

Laboratory supplies to contain five (5) labels pre-numbered for each student. Place the labels according to the following:

On the Entry Form (SHAPE Form #1) place the first label in the space for Laboratory Technician (in area marked 179-183). (First, print lab no. on SHAPE 1)

SHAPE Form #7 - On the Laboratory Form #7 in triplicate write the appropriate number in the space on SHAPE Form #7 next to student name. Remove the second label and place it over the written number on the first page. Check (√) area for specimens to be done. Use a ball point pen, be sure writing appears on all copies.

Place third label on FEP plate.

Place forth label on large tube for Hematocrit Test.

Place fifth label on left end at the bottom of filter strip for Measles Test.

The Laboratory Technician will send the original copy of the SHAPE Form #7 to the Bureau of Laboratories, along with all specimens collected. The other two copies of the SHAPE Form #7 will be given to the nurse-in-charge.

September, 1983

SHAPE PROGRAM

TRANSPORTATION OF COLLECTED SPECIMENS

Daily pick-up of collected specimens will be arranged at the various school sites.

The Laboratory Technician will prepare specimens for transportation to the Bureau of Laboratories, as follows:

TESTS

FEP - will be packaged 24 plates/bag labeled FEP -- Room #573.

HCT - will be secured with a rubber band in lots of 12/package and (3-4 lots) placed in a paperbag labeled HCT -- Room #573.

Measles H.I. Test - will be transported in the slide box provided for collection and label on each slide box, Att: Dr. Kaul, Room #573.

Staple or clip SHAPE Form #7 (Laboratory Form) original forms together. Place in envelop addressed to Att: Dr. Kaul, Room #573.

Collection of laboratory tests for "SHAPE Program Survey" will be performed on the following grades:

Kingergarten, First Year and Third Year Students. Tests to be done are:

1) Lead Micro-Lead (FEP)
2) Anemia - Hematocrit
3) Measles Immunity - H.I. Antibody

Seventh Year, Tenth Year and Special Education Students. Tests to be done areP

1) Measles Immunity - H.I. Antibody
2) Anemia - Hematocrit

INSTRUCTIONS FOR MICRO LEAD SCREENING TEST

The Technicians hands must be thoroughly washed and cleaned before handling the patient or equipment.

Use sterile gauze pads to wash patients hand and finger with 70% alcohol. Use a sterile disposable lancet to puncture the finger. Massage the finger well prior to the puncture. Always take blood for Micro Lead Test first then the Hematocrit or other tests as requested.

The amount of blood obtained must be large enough to form a single spot having a diameter of at least 3/8 to ½ of an inch when touched to the filter paper. Blood spot must completely infiltrate paper.

A total of four (4) separate blood spots are required on the filter paper. The spots should be no further than ½ of an inch from the periphery of the filter paper. The blood spot should not touch the edge of the paper nor should there be more than one drop of blood per blood spot.

Every precaution should be taken to prevent contamination of the paper by dust or dirt. The Technician should not touch the filter paper at any area in which the blood will be applied. Return filter paper to petri dish after obtaining required blood spots and immediately seal the cover. Place the identification label on top cover of petri dish.

September, 1983

INSTRUCTIONS FOR HEMATOCRIT TEST

Massage finger well. Clean with gauze pad saturated with alcohol. Using a disposable lancet, puncture finger, wipe away first drop of blood, and collect next free flowing drop of blood in a heparinized Red-Tip Capillary Tube. Let blood flow without interruption into the capillary tube until the tube is 3/4 full. Seal at once at one end with Seal Ease or Critoseal. Collect two capillary tubes per requested test. Place both capillary tubes in a plain stoppered tube containing the identification label.

Place the labelled tube into the tube rack (hold 72 tubes). Align tubes in order across back row (12 tubes) and continue for six rows if needed.

Each row represents a laboratory form with twelve numbered labels and patient's names.

INSTRUCTIONS FOR COLLECTION OF THE MEASLES HEMAGGLUTINATION INHIBITION (H.I.) ANTIBODY TEST

Massage finger well to increase the blood supply.

Clean with gauze pad saturated with 70% alcohol.

Using a disposable lancet puncture finger-tip at the side.

Wipe away first drop of blood, gentle milking is allowed in order to obtain a large (bead-like) blood drop.

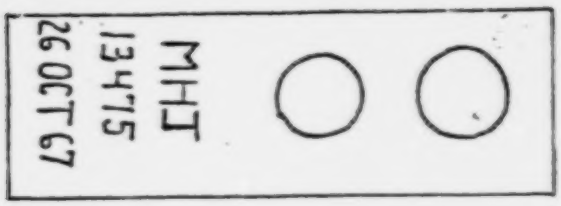
With the filter-strip held upright over the finger, apply the filter to the blood drop. The blood must completely infiltrate the B circle, then the A circle.

NOTE: Wipe the site with gauze occasionally to allow the blood to bead-up for easier collection.

Slight rubbing with gauze or slight "thumping" can increase bleeding from a site if you're near completion of collection but bleeding is slowing.

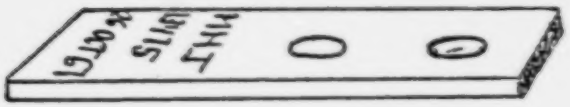
Carefully place filter strip into sectioned slide file box after collection. Do not allow blood collection area to touch any other surface. Blood filled-circles must be dried thoroughly. Drying is necessary to prevent mold growth.

Keep collection slide box open until end of day. Then close and prepare box for transportation to the Bureau of Laboratories.

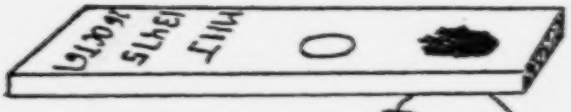


Print identifying data on one end.

SHAPE Program - Use numbered label.



Apply paper to blood drop with circles up.



Completely fill the circle, letting the paper absorb the blood.

Fill the second circle. Allow the paper to dry in an open slide box. (When dry, interleave glassine strips, pack together, and store in the plastic bag with the dark blue silica gel. When damp, the silica gel turns to light blue and may be dried in an oven at 120° C. Keep the dried papers as cold as possible prior to shipment.)

(OMIT)

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NURSE RECORD REVIEW AND RECORDING ON SHAPE-I

If child has been seen and examined by the clinician (parent may or may not be present):

- Review SHAPE-I for completion of all applicable items including section "to be completed by clinican". If all items are not completed, consult with team leader.

- Review 103S for clinician recommendations for referral and follow-up.

- Follow through with appropriate referrals as in normal School Children's Health Program. (If parent is not present and child is very young, actual referrals may be deferred for a later time).

- Record in section "To be Completed by PHN":

  - Questions 1 and 2 as to source of regulare health care and source of emergency health care: Ask parent or child, or search the record for information about the most recent checkup or episode of acute illness.

  -Question 3 as to referral:

    - This refers to referrals made today, (or to be made at a later time as a result of today's activities.)

    - Reporting of a case of suspected child abuse or neglect should be counted under 2B as a child referral for social services.

    - Referral for any or all problems should be counted here, not just referral for the conditions listed on SHAPE-I. Answers to these questions will provide us with our only overall index of the health status of the children and their need for school health services.

    - If child already has an appointment with a physician or clinic, and the nurse merely provides a 12S, C12S, etc. for the doctor's report, this should not be counted as a referral. Only count when the nurse's counselling initiates the referral.

If child has not been examined by the clinican (parent will not be present).

- These will be cases for whom a parental consent was not received. For these children, all information in the top section of the SHAPE-I form will be collected; vision and hearing screening will still be done. Lab. work, dental screening, and physical examination will not be performed.

- Wherever possible, a clinician will review the available records and complete the section "To be Completed by Clinician" on this basis. In such cases, the nurse's role is the same as if the clinician had examined the child.

- Where it is not possible for a clinician to do the record review, the nurse will be asked by the team leader to assume certain additional functions, as follows:

  1. Review of records

  2. Determination of existence of health problems and follow-up needed

  3. Recording in section "To be Completed by Clinician" on the SHAPE-1 form.

  Each of these activities is described below.

1. Review of Records: This may be done before or after a SHAPE session or even during if a nurse has sufficient free time. All available records are to be reviewed.

   103S, including contained or transcribed documents
   211S, 12S, 012S, E12S
   Notes from parents, teachers, or physicians
   104S

   - The purpose of the record review is threefold:

     a. To determine whether any of 5 specific clinical conditions exist and whether they are under adequate care.

     b. To determine whether any other conditions exist that need referral, or follow-up as part of the ongoing School Children's Health Program.

     c. To determine the source of regular preventive and emergency care.

2. Determination of existence of healthproblems and follow-up needed:

   There are 2 distinct parts to this, as defined in a. and b. above. For purposes of SHAPE, 5 clinical conditions have been arbitrarily selected and defined as follows:

   Undernutrition: Record indicates child is under treatment for a nutritional deficiency; chlinician describes child as needing referral or follow-up for malnutrition.

   Do not include obese children unless there is evidence to indicate associated undernutrition such as iron-deficiency anemia.

   Only evidence in the record is to be used; if nurse happens to see child herself, she should not allow this to influence her.

   Use only evidence from the past 2 years.

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Cardiac problem: Child is under care for a cardiac condition (has at least annual checkup for this specific purpose). Include postoperative congenital defects if they are still being followed by the treatment agency.

OR

Findings from history or previous examinations indicate need for referral for diagnosis or treatment.

Do not include innocent murmurs.

For cardiac conditions, use any positive information no matter how old.

Orthopedic problem: Child is under care for a chronic orthopedic condition (at least annual checkups by a specialist)

OR

History or report from a previous examination indicate a chronic orthopedic condition which warrants referral for diagnosis or treatment.

OR

There is a known, static condition which interferes significantly with activities of daily living or career possibilities (e.g. dwarfism, hemihypertrophy, syndactyly).

- For orthopedic problems, nurse must use her judgment as to whether a condition reported some time ago still exists currently.

Asthma: Indication of "asthma" from any source, confirmed or unconfirmed:

Parental history on 211S or reported on 103S
PP report
Previous school examination
TNC or 104S

- Use only evidence from the past 2 years.

Strabismus: Report of previous physical exam, by PP or school health staff.

Nurse should not include her own observations at time of SHAPE exam, if she happens to see the child.

Use any positive information no matter how old.

Do not include successful post-operative status.

3. Recording in section""To be Completed by Clinician"

Condition present? Use definitions given above.
"No" means there is no evidence in the record of a given condition.

Previously known? This means known to the parent before the SHAPE examination. Where the child is not being examined by a SHAPE clinician, the answer will almost always be "Yes". There may be occasional instances where some condition has been picked up by a school examination but not yet discussed with the parent; here "No" should be checked.

Under adequate care? This requires considerable judgment. The nurse should check "yes" if there is evidence that the condition is under fairly regular ongoing supervision, or is being worked up, even though there are delays and gaps. The quality of the medical care being given, or the quality of the patient's compliance with doctor's recommendations, are not the issue here; the question is only whether the child's condition may reasonably be said to be "under care".

For this question, "Yes" means there is definite evidence of care. "No" means there is evidence that the condition is being neglected. For most conditions the proper answer will probably be "Not Sure", meaning that the record does not indicate one way or the other what the current care status is.

Was this child examined by a SHAPE clinician? Answer "No".

Was a parent present? Answer "No".

SHAPE - GUIDELINES FOR CLINICIAN EXAMINATION AND RECORDING

CONTENT OF THE EXAMINATION

- Same as in any "Complete Examination" in the school health program. For clinicians not familiar with school health, see attached pages 28, 29, 30, 30A from the Manual of Procedures.

- NOTE: The above description applies to school children through grade 7. For the 10th graders, blood pressure should also be taken, with referral for 140 or higher systolic, 90 or higher diastolic.

RECORDING ON 104S AND 104S; REFERRALS

- See appropriate sections under these headings on page 30A from the Manual of Procedures.

RECORDING ON SHAPE 1 FORM

The clinician is responsible for completing the section "To Be Completed By Clinician" on every child participating in SHAPE, whether or not an examination has been done by the SHAPE clinician.

- Recording on the SHAPE-1 is based on all available information. This will be most complete when the child was examined, the parent was present, and all routine forms were available and completely filled out But even where the child is not examined and no records are available, the SHAPE-1 is still to be completed.

Definitions Standards:

Undernutrition: Child is thin or undernourished-looking; has evidence of specific vitamin deficiency or is pale; warrants special discussion of food intake. If child is not examined, record indicates some of the above findings within the past 2 years.

Do not include obese children unless there is an associated undernutrition, as for example iron-deficiency anemia.

Cardiac problem: Child is under care for a cardiac condition (at least annual checkup for this specific purpose). Include postoperative congenital defects if they are still being followed.

OR

Findings on history or physical examination, or report from child's own physician, indicate need for referral for diagnosis or treatment.

If your decision is based on record review alone, use any evidence no matter how old.

Do not include innocent murmurs.

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Orthopedic problem: Child is under care for a chronic orthopedic condition (at least annual checkups by a specialist).

OR

History or physical examination, or report from child's own physician, indicate a chronic orthopedic condition which warrants referral for diagnosis or treatment.

OR

There is a known, static condition which interferes significantly with activities of daily living or career possibilities (e.g. C.P., dwarfism, syndactyly).

If decision is based on record review alone, clinician must use judgement as to whether a condition reported some time ago still exists currently.

Asthma: Indication of "asthma" from any source, confirmed or unconfirmed:

Parental history on SHAPE 4, 211S, or in person
Child's own history
PP report
TNC or 104S
Physical exam. reveals wheezing

Use only evidence from the past 2 years.

Strabismus: Physical examination reveals strabismus (either corneal reflex or cover test may be used)

OR

Private physician report indicates strabismus

Use any positive information no matter how old; but do not include successful post-operative status.

Recording:

Condition present:

Use definitions given above. "No" means there is no evidence, from the information available, that the condition exists. "Not sure" means there is some positive information or clue about the condition, but insufficient to be sure. "Yes" does not necessarily mean you are 100% certain of the diagnosis, only that you are sure enough of a problem in this area to think that it warrants investigation or follow-up.

Previously known:

This means known to the parent before the SHAPE examination. What is wanted is an indication of the case-finding value of an in-school examination.

Under adequate care:

This requires considerable judgement. Check "Yes" if there is evidence that the condition is under fairly regular ongoing supervision, or is being worked up, even though there are delays and gaps. The quality of the medical care being given, or the quality of the patient's compliance with doctor's recommendations, are not the issue here; the question is only whether the child's condition may reasonably be said to be "under care".

For this question, "Yes" means there is definite evidence of care. "No" means there is evidence that the condition is being neglected. "Not sure" will be appropriate when the parent is not present, the child cannot give the required information, and the record does not indicate one way or the other what the current care status is.

Was this child examined by a SHAPE clinician?

This is self-explanatory.

Was a parent present?

Self-explanatory.

Conduct of a Complete Examination

General -- A cordial and tactful approach is maintained throughout the examination. The parent is seated and, after the history is taken, the child is undressed except for underpants. Older girls are given a cape (if this is available) to cover the upper trunk; otherwise the girl should be allowed to use her slip or blouse for this purpose. Shoes and stockings must be removed. A paper towel is put on the floor for the child to stand on.

Chaperonage -- If neither parent nor nurse is present, and the examiner is a man, an adult woman must be in the room to chaperone the examination. Chaperonage is desirable but not essential for all other situations.

History Taking -- As a preliminary to history taking, the examiner reviews the 103S, 104S, 211S and all other available sources of medical information. The history should be as complete as possible. Where there is a language barrier, an interpreter should be present. If someone other than the parent accompanies the child, or if the child is seen with no accompanying adult, it may not be possible to obtain all history items, but each general area should at least be explored and the child himself questioned in detail about his current health habits ("Review of Systems").

For the new admission examination, the following data are obtained as a routine. Other questions are of course added if any answers are positive.

Family history: Parents, siblings, and grandparents alive or dead, health if living, drugs or medications. Other pregnancies (abortions, miscarriages, or siblings who died). Other persons living with family. Tuberculosis, diabetes, allergy, asthma, heart trouble, hypertension, blood disorder, anemia, leukemia, rheumatic fever, nervous or mental disorder, epilepsy or convulsions, cancer.

Past history: Pregnancy, birth, birth weight, general development, serious illnesses, convulsions, hospitalizations, surgery, head injuries, fractures, immunizations.

Review of Systems:

General -- Overall health status, headaches, fainting, dizziness, allergies (eczema, asthma, hives); drug use including alcohol; smoking; current medications; source(s) of current medical care.

Gastrointestinal -- Appetite, diet, food intolerance, abdominal pain, bowel habits, parasites.

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Cardiorespiratory - Heart trouble, murmur, colds, sore throats, cough, asthma, bronchitis, snoring, mouth-breathing, fatiguability.

Genitourinary - Urinary pain or burning, blood or pus in urine, kidney or bladder infection, bed-wetting, menses (regularity, pain, last menstrual period).

Special senses - Ear pain, ear infections, hearing, speech, eye trouble, vision, glasses.

Orthopedic — Straightness of back, legs, feet; use of hands; walking, backache, joint pain or swelling

Skin — Rashes, sores, itching.

Blood — Anemia, sickle-cell testing.

Neurological — Coordination, walking, speech.

Psychosocial — Behavior with family, friends, school; school grades; discipline, crying, sleep, nightmares; recreation.

For a special referral examination, or for partial examinations such as follow-up or screening, the history is of course modified to fit the particular problem. In all cases a complete interval history should be obtained.

Physical Examination: This is a complete examination with the following specific exceptions:

1. The ocular fundi are not examined routinely.

2. The vulva of a girl is not examined, even by inspection, unless the parent is present and specifically requests this.

The examination does include the following as a routine:

General: Inspection and appraisal of attitude, posture, gait, musculoskeletal development, nutritional status; presence of pallor, cyanosis, icterus, or skin rash.

Eyes: Pupillary reactions, condition of conjuctivae, inflammation, extraocular movements. Testing for strabismus is done either by the "Hirshberg" test or the "cover" test.

Ears: Otoscopic examination and review of audiometric report on the 103S or 104S. If the history raises a suggestion of hearing loss, gross evaluation is made by voice or watch test, and if indicated child may be referred for audiometry.

Nose and Throat: Condition of mucous membranes, presence of nasal obstruction, condition of tonsils, malformations and other abnormalities of palate, tongue, gums and teeth.

Neck: Palpation for enlargement of thyroid gland and for cervical adenopathy. Checking for range of motion.

Heart: Determination of size; auscultation in both upright and recumbent positions. If murmurs are present, the effect of respiration, exercise, and changes in position is noted.

Lungs: Percussion and auscultation.

Breasts: Inspection in both erect and recumbent positions; palpation while recumbent for abnormal masses. The axillae should also be palpated for adenopathy.

Abdomen: Palpation in relaxed recumbent position.

NOTE: If there is a mass which raises the suspicion of pregnancy, the examiner should ask about symptoms such as amenorrhea, nausea, and recent weight gain. The examiner notes the signs and symptoms on a 12S form, but not the suspected diagnosis. The 12S is given to the parent either in school or during a home visit, in order to get the pupil to a diagnostic agency and under care. For a girl of high school age, who strongly objects to her parents' being informed of the possibility of pregnancy, the 12S may be given directly to the pupil; but continuing efforts should be made to persuade her to involve her parents as early as possible.

Inguinal Area: This area is palpated for inguinal glands and femoral pulse, and examined in the erect and recumbent positions for undescended testicle, varicocele, hernia, or laxity of the inguinal ring. Femoral hernia should also be looked for.

Genitalia: In boys only, the genitalia are inspected and palpated for condition of penis and for undescended testes. The foreskin, if tight, is not to be retracted. The genitalia and the pubic area of girls are not exposed.

Orthopedic Status: Posture, gait, examination of erect and flexed back, inspection of legs and feet without shoes and stockings.

Neurological Condition: Observation of general muscular coordination and degree of nervous tension; other neurological tests as indicated.

After the Complete Examination

Discussion With Parent—The conference with the parent includes a discussion of emotional, developmental, and social problems in addition to physical conditions. A definite plan for follow-up should be agreed on at this conference.

Referral for Medical Care— This is made when in the examiner's opinion, and after discussion with the parent, there is a need for diagnosis and/or medical care. Referrals are made to the private physician when the family has one. Otherwise, the parent is referred to an appropriate clinic or to the county medical society for names of private physicians. In no case should the pupil be referred to a specific individual physician. Forms 12S, 221S, C12S, E12S, and O12S, are used for referrals.

Recording—The medical findings are recorded on the 103S medical record. On the 104S pupil health card the examiner writes in lay terms his medical opinion as to the child's health status, his recommendations as to activity and classroom handling and plans for follow-up. He may also write on the 104S a request for the teacher to observe the child for certain signs and complaints.

Nurse Conference with Child or Parent—After the physician has completed his work with the child and parent, the nurse, if present, sees the parent and/or child before they leave the medical room to interpret and reinforce the physician's statements and to help the family in translating his recommendations into action. If a pediatric nurse associate is the examiner, she does this conferencing herself.

Nurse Recording and Follow-up—The nurse flags the 103S according to the examiner's recommendations, so that she can follow up at the proper time. She records the examination on the daily tally sheet (451S). The nurse also makes progress notes on the 103S as follow-up is instituted and/or completed.

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TIME STANDARDS

The standards below were used to determine staffing and scheduling for the SHAPE program. The actual times varied because of local factors , these proved useful as a practical basis for planning.

SHAPE Component	Time in minutes per child
Hearing	3
Vision	3
Height/Weight	3
Physical Examination	20 (MD) 30 (PNA)
Dental Screening	15
Lab Work	6
Nurse Conference	10

SHAPE

REMINDER LIST

Matters to be arranged locally between school and Health Dept. contact person at each location.

1. Overall time schedule.

2. Daily time schedule: hours of arrival/departure.

3. Identification of space for the examination.

4. Identification of school staff to participate:

    a. Traffic monitors

    b. Aides for the examinations, and to assist in preparatory clerical work

    c. Local sources of volunteers (principal to arrange)

5. Orientation of above staff. (School Coordinator and Principal to arrange)

6. Safe receipt and storage of equipment and supplies delivered in advance.

7. Updated class lists in advance.

8. Absence data for the previous year, in advance.

9. Availability of 104S forms, in advance and during the examination period.

10. Distribution and early return of consent forms.

11. Scheduling of teen health questionnaire, and prior arrangements including appropriate seating of children for maximum privacy of their responses.
    One class period is required.

12. Ms. Alice Heller of the Health Dept's Bureau of Nutrition (566-7699) will contact the designated person in each school to arrange for teacher orientation and administration of the nutrition questionnaire. 1/2 hour of prior teacher time, plus 1 class period, required.

SUBMITTED BY_____ DATE_____

SHAPE - SCHOOL MEETINGS

SCHOOL:

DATE OF MEETING:

PARTICIPANTS LIST ALL H.D. & SCHOOL STAFF:
(INCLUDE TITLES)

ISSUES (PLEASE LIST)

COMMENTS & F/U

PLEASE SUBMIT TO SHAPE OFFICE IMMEDIATELY FOLLOWING MEETING
CALL 566-8170 WITH ANY INFORMATION REQUIRING IMMEDIATE ACTION

EMERGENCY COMMUNICATION

All Nurses, PHA's and Nursing Support Team members should contact the team leader in the event of any emergency (such as unexpected absence, lateness, etc.)

Calls must be made as soon as possible to allow for emergency plans.

Team Leader - phone number _____

School number _____

If unable to reach your team leader, contact your school coordinator (SPHN) at

Phone number(s)_____

_____

If you are unable to reach your team leader or School Coordinator, contact the SHAPE office at 566-8170 or 8171 or 8188

(John Rall or Lorraine Chun)

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